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CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

RECEIVED

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ADDRESS OF PROPERTY:	NORTH HISTORI	C DISTRICT	E 5
	N TERRACE	AVE	
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NAME AND ADDRESS OF C			
Name(s): CHESTER			
Address: 6508 S	, 27th ST.,	SUITE 9	****************
City: OAK CREE!	State: WI	ZIP: 53/54	_
	yahoo, com		
p 20	W. Tr. Care		L. in-
l elephone number (area code	3 & number) Daytime: 414-70	8-2332 Evening: SAN	1E
ADDITIONAL ACENT OF CO	NITRACTOR: /if different from		-
	ONTRACTOR: (if different from	According to the second	
Name(s):			
Address:			******
City:	State:	ZIP Code:	***************************************
Email:			
relephone number (area code	& number) Daytime:	Evening:	
ATTACHMENTS: (Because pat 414-286-5712 for submittal	projects can vary in size and sco requirements)	ope, please call the HPC Office	
A. REQUIRED FOR MAS	JOR PROJECTS:		
A. REQUIRED FOR MA		ng (annotated photos recommen	ded)
A. REQUIRED FOR MA. Photographs of affects	ed areas & all sides of the buildi	ng (annotated photos recommen	ded)
A. REQUIRED FOR MA. Photographs of affecte Sketches and Elevation	ed areas & all sides of the buildi	duced to 11" x 17" or 8 1/2" x 11")	ded)
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PLEASE NOTE: YOUR APPLICATION CANNOT BE PROCESSED UNLESS
BOTH PAGES OF THIS FORM ARE PROPERLY COMPLETED
AND SIGNED.

5. DESCRIPTION OF PROJECT:

MAY 15 7019

Tell us what you want to do. Describe all proposed work including materials, design, and dimensions. Additional pages may be attached via email.

SEE ATTACHED PAGES

6. SIGNATURE OF APPLICANT:

Signature

CHESTER DAXE

Please print or type name

5-11-2019

Date

This form and all supporting documentation MUST arrive by 4:00 pm (11:59 pm via email) on the deadline date established to be considered at the next Historic Preservation Commission Meeting. Any information not provided to staff in advance of the meeting will not be considered by the Commission during their deliberation. Please call if you have any questions and staff will assist you.

Mail or Email Form to:

Historic Preservation Commission City Clerk's Office 841 N. Broadway, Rm. B1 Milwaukee, WI 53202

PHONE: (414) 286-5712 or 286-5722

hpc@milwaukee.gov

www.milwaukee.gov/hpc

Or click the SUBMIT button to automatically email this form for submission.

SUBMIT