



CERTIFICATE OF APPROPRIATENESS APPLICATION FORM
Incomplete applications will not be processed for Commission review.
Please print legibly.

1. HISTORIC NAME OF PROPERTY OR HISTORIC DISTRICT: (if known)

Bootleggers

ADDRESS OF PROPERTY:

1023-27 Old World Third Str.

2. NAME AND ADDRESS OF OWNER:

Name(s): Wells Fargo Bank - William Schapiro

Address: 730 2nd Ave. S. Suite 500

City: Minneapolis

State: MN

ZIP: 55479

Email: William.S.Schapiro@wellsfargo.com

Telephone number (area code & number) Daytime: 612-667-7254 Evening: _____

3. APPLICANT, AGENT OR CONTRACTOR: (if different from owner)

Name(s): Holton Brothers, Inc. - Tom Holton

Address: 1257 Terminal Rd.

City: Grafton

State: WI

ZIP Code: 53024

Email: tom@holtonbrothers.com

Telephone number (area code & number) Daytime: 262-377-7887 Evening: _____

4. ATTACHMENTS: (Because projects can vary in size and scope, please call the HPC Office at 414-286-5712 for submittal requirements)

A. REQUIRED FOR MAJOR PROJECTS:

Photographs of affected areas & all sides of the building (annotated photos recommended)

Sketches and Elevation Drawings (1 full size and 1 reduced to 11" x 17" or 8 1/2" x 11")

A digital copy of the photos and drawings is also requested.

Material and Design Specifications (see next page)

B. NEW CONSTRUCTION ALSO REQUIRES:

Floor Plans (1 full size and 1 reduced to a maximum of 11" x 17")

Site Plan showing location of project and adjoining structures and fences

**PLEASE NOTE: YOUR APPLICATION CANNOT BE PROCESSED UNLESS
BOTH PAGES OF THIS FORM ARE PROPERLY COMPLETED
AND SIGNED.**

5. DESCRIPTION OF PROJECT:

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

- Miscellaneous repointing of common brick masonry ON North + West Facades.
- Miscellaneous repointing of stone masonry along Foundation ON North Facade.
- Replace missing/damaged common brick along ONE(1) window jamb ON North Facade.

Mortar mix: 6 parts sand
1 part cement
1 part lime

6. SIGNATURE OF APPLICANT:

Thomas F. Holton
Signature

Thomas F. Holton
Please print or type name

4-20-15
Date

This form and all supporting documentation **MUST** arrive by 12:00 noon 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.

Hand Deliver or Mail Form to:
Historic Preservation Commission
City Clerk's Office
200 E. Wells St. Room B-4
Milwaukee, WI 53202

PHONE: (414) 286-5722

FAX: (414) 286-3004

www.milwaukee.gov/hpc

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

SUBMIT



04/20/2015

STUDIO

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