

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) Maschauer & Frankfurth Hardware Building					
	ADDRESS OF PROPERTY: 213-215 S. 2nd Street					
2.	NAME AND ADDRESS OF OWNER:					
	Name(s) 213 2nd St. LLC					
	Address: 16000 Sky Cliff Drive City: Brookfield State: WI ZIP: 53005					
	Email: lgensch@yahoo.com					
	Telephone number (area code & number) Daytime: 414-510-8943 Evening:					
3.	APPLICANT, AGENT OR CONTRACTOR: (if different from owner)					
	Name(s): Lori Gensch					
	Address: 16000 Sky Cliff Drive					
	City: Brookfield State: WI ZIP Code: 53005					
	Email: gensch@yahoo.com					
	Telephone number (area code & number) Daytime: 414-510-8943 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 ½" 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					

YOUR APPLICATION CANNOT BE PROCESSED UNLESS BOTH PAGES OF THIS FORM ARE PROPERLY COMPLETED

6/22/12

PLEASE NOTE:

AND SIGNED.

E	DESCRIPT	TONIOE	PROJECT:
5.	DESCRIPT	TON OF	PROJECT

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

FRAMIAL IS WSTALLED PER NPS Approval For STOREFRONT, STOREFRONT TO BE PAINTED WOOD.

6. SIGNATURE OF APPLICANT:

Signature	 _	
Please print or type name	 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.

Mail or Email Form to:

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

PHONE: (414) 286-5722

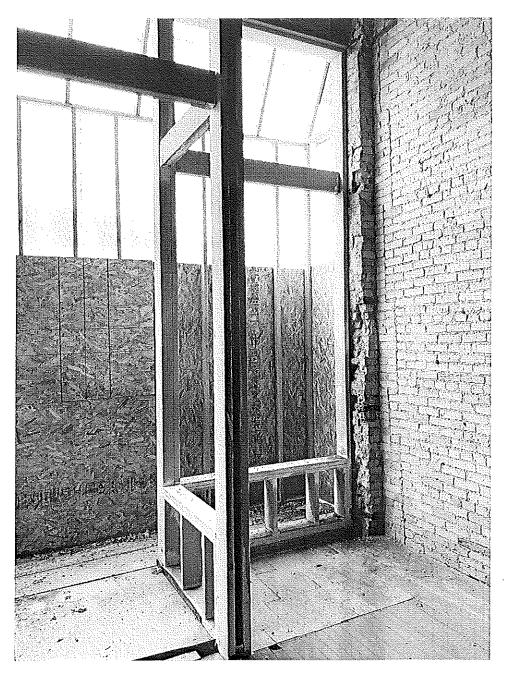
hpc@milwaukee.gov

www.milwaukee.gov/hpc

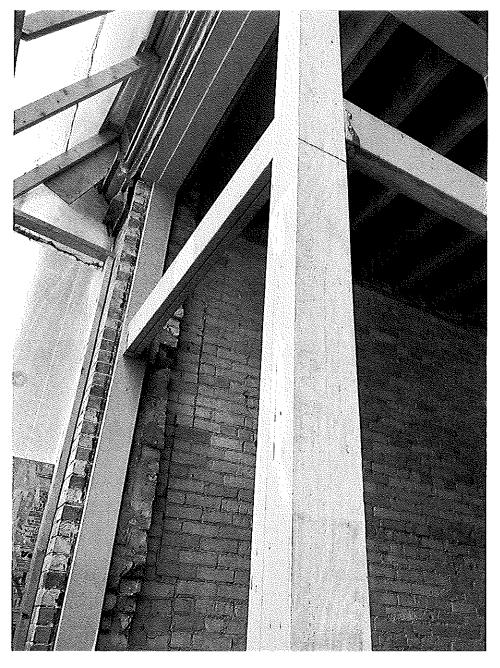
Or click the SUBMIT button to automatically email this form for submission.

SUBMIT

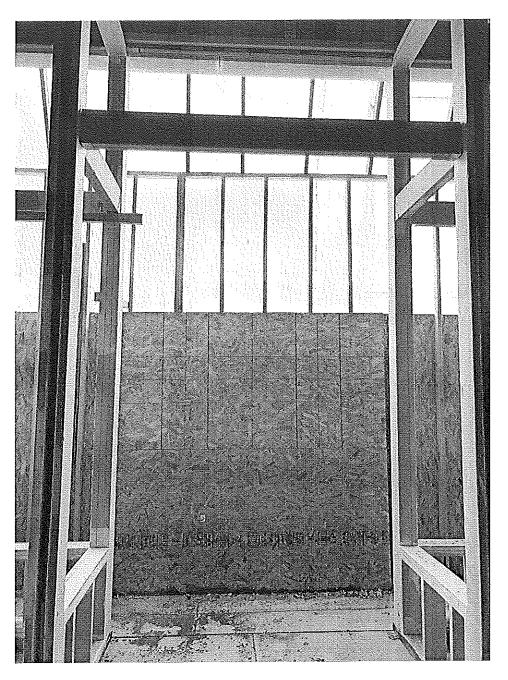
Isterior Facial East



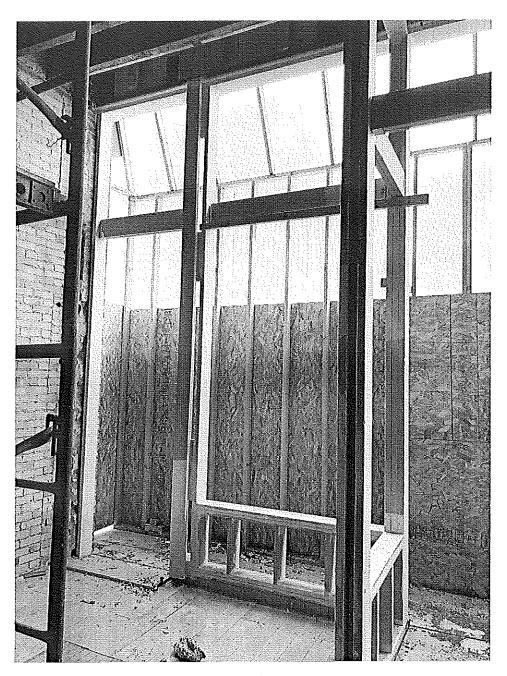
TITEMIOR FACILL SOUTHEAST



Extenior FACILL SOUTHBAST



TWEELOR FOUND EAST (DOOKWAYTO RETAIL)



Interior FACILL NONTHUAST

Second Street

From: Keith Stachowiak (stachowiak.keith@gmail.com)

To: lgensch@yahoo.com; dreambmke@gmail.com

Date: Thursday, April 4, 2019, 04:06 PM CDT

