

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

RECEIVED
OCT 7 2014

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

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2. NAME AND ADDRESS OF OWNER:

Name(s): Demitra Copoulos & Tom Littman
Address: 1007 W. Historic Mitchell Street
City: Milwaukee State: WI ZIP 53202
Daytime telephone number (area code & number): 414-672-0341
Evening telephone number (area code & number): (same)

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

Name(s): Mario Ibanez (Ibanez Printing + Signs)
Address: 1936 W. Forest Home Ave.
City: Milwaukee State: WI ZIP Code: 53204
Daytime telephone number (area code & number): 414-840-0966
Evening telephone number (area code & number): (same)

4. ATTACHMENTS

A. REQUIRED FOR ALL PROJECTS:

Photographs of affected areas & each side of property (annotated photos recommended)

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

Material and Design Specifications (see next page)

} See attached

B. NEW CONSTRUCTION/DEMOLITION ALSO REQUIRES:

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

Site Plan showing location of project and adjoining structures and fences

Other (explain):

[Empty rectangular box for other explanation]

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

5. DESCRIPTION OF PROJECT:

Describe all existing features that will be affected by proposed work. Please specify the condition of materials, design, and dimensions of each feature (additional pages may be attached)

New exterior Sign on front of Restaurant at 604 W. Historic Mitchell Street (See attached).

Photo No. _____

Drawing No. _____

A. Describe all proposed work, materials, design, dimensions and construction technique to be employed (additional pages may be attached)

New Exterior "Sign": 2' x 10'. Raised individual letters of acrylic + aluminum to be affixed to building above door entryway with appropriate hardware. (Letters will not be illuminated).

Photo No. _____

Drawing No. _____

6. SIGNATURE OF APPLICANT:

Nancy Bush *Exec. Dir. - BID #4*
Signature for Contractor + Business owner.
Nancy Bush Date *10-6-14*
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.

Hand Deliver Form to:
Historic Preservation Division
Department of City Development
809 North Broadway - 2nd Floor
Milwaukee, WI

or

Mail Form to:
Historic Preservation Division
Department of City Development
P. O. Box 324
Milwaukee, WI 53201-0324

PHONE: 414.286-5705 FAX: 414. 286-0730



414-840-0966

Job proposal

Simulated Stainless Steel Sign

