



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)

ADDRESS OF PROPERTY:

2. **NAME AND ADDRESS OF OWNER:**

Name(s): t reynolds

Address: 2663 wahl

City: milwaukee

State: wi

ZIP:

Email:

Telephone number (area code & number) Daytime:

Evening:

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

Name(s): A. C. A. ICE refrigeration

Address: 4915 Romans Way

City: Colgate

State: wi

ZIP Code: 53017

Email: b.kenney@charter.net

Telephone number (area code & number) Daytime: 4149150018

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:

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

1 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.