



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)

Hunger Task Force

ADDRESS OF PROPERTY:

802 W. Historic Mitchell Street

2. NAME AND ADDRESS OF OWNER:

Name(s): Hunger Task Force

Address: 802 W. Historic Mitchell Street

City: Milwaukee

State: WI

ZIP: 53204

Email: jess@hungertaskforce.org

Telephone number (area code & number) Daytime: 414-238-6491

Evening: _____

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

Name(s): H&H Mechanical Contractors

Address: W 145 N 5789 Shawn Circle

City: Menomonee Falls

State: WI

ZIP Code: 53051

Email: bryan@hhmechanical.com

Telephone number (area code & number) Daytime: 262-613-3403

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 via email.

We intend to install (1) Daikin Ductless Split system condensing unit no closer than 10 ft from the edge of the roof to avoid the guard rail requirement. This is the only piece of mechanical equipment that will be new. The refrigeration line set will be ran inside and then up through the roof to the newly placed condensing unit, maintaining the minimum 10ft clearance from the edge of the roof. (5) Exhaust vent stacks will be installed in association with the ceiling mount fans serving the restrooms nd janitors closet. These are simply duct penetrations and are not mechanical in nature but will be installed no closer than 10 ft from the edge of the roof.

6. SIGNATURE OF APPLICANT:



Signature

Bryan Johnson

Please print or type name

11/14/24

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