



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:

611 N Broadway

2. NAME AND ADDRESS OF OWNER:

Name(s): First MKD LLC

Address: 10275 W Higgins Rd #300

City: Rosemont State: IL ZIP: 60018

Email:

Telephone number (area code & number) Daytime: Evening:

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

Name(s): Building Restoration

Address: W220 N7063 Townline Rd

City: Sussex State: WI ZIP Code: 53089

Email: buildingrestorationinc@gmail.com

Telephone number (area code & number) Daytime: 262-271-0551 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:

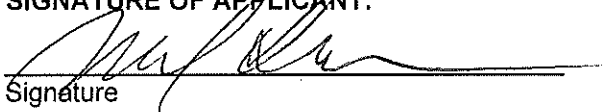
Tell us what you want to do. Describe all proposed work including materials, design, and dimensions. Additional pages may be attached via email.

DYMONIC FC PAINTABLE SEALANT
AT WINDOW PERIMETERS

SPECMIX MORTAR ADDED MIRACLE LIME
TO BRING CONSISTENCY CLOSE TO
HISTORIC STANDARD ROPE JOINTS

REMOVE ANCHOR THAT RUSTED

6. SIGNATURE OF APPLICANT:


Signature

MICHAEL GROSS
Please print or type name

4/17/19
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