



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:

939 W Historic Mitchell Street Milwaukee WI 53204

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

Name(s): US BANK #3981

Address: 939 W Historic Mitchell St

City: Milwaukee

State: WI

ZIP: 53204

Email: jhinkley@nationsroof.com

Telephone number (area code & number) Daytime: 414-645-6485

Evening:

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

Name(s): Nations Roof North, LLC

Address: 901 Sentry Dr.

City: Waukesha

State: WI

ZIP Code: 53188

Email: jhinkley@nationsroof.com

Telephone number (area code & number) Daytime: 414-234-6178

Evening: 414-234-6178

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

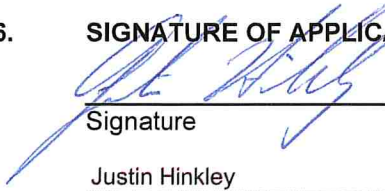
PLEASE NOTE: YOUR APPLICATION CANNOT BE PROCESSED UNLESS BOTH PAGES OF THIS FORM ARE PROPERLY COMPLETED AND SIGNED.

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.

Reroofing areas A,B, and D roof area C was reroofed a few years ago by someone else. Attached you will find the roof drawings and manufacture letter.

6. SIGNATURE OF APPLICANT:



Signature

Justin Hinkley
Please print or type name

10/29/2024
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 or Mail Form to:
Historic Preservation Commission
City Clerk's Office
200 E. Wells St. Room B-4
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.

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