

Recd
10/28/11

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)
BUSINESS IMPROVEMENT DISTRICT #4

ADDRESS OF PROPERTY: 616 W. HISTORIC MITCHELL STREET

2. NAME AND ADDRESS OF OWNER:

Name(s): Walid Mousa

Address: 1570 W. Denis Street

City: Milwaukee State: WI ZIP 53221

Email: _____

Telephone number (area code & number) Daytime: 414-588-4255 Evening: (SAME)

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

Name(s): Jose + Marcela Lechuga

Address: 616 W. HISTORIC MITCHELL STREET

City: Milwaukee State: WI ZIP Code: 53204

Email: _____

Telephone number (area code & number) Daytime: 414-647-8081 Evening: 414-460-6745

4. ATTACHMENTS

A. REQUIRED FOR ALL PROJECTS:

Photographs of affected areas & all sides of the building (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 reverse side)

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):

PLEASE NOTE: YOUR APPLICATION CANNOT BE PROCESSED UNLESS BOTH SIDES 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)

Replace EXISTING EXTERIOR SIGN.

Photo No. _____

Drawing No. _____

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

New 40" x 120" x 5" Cloud-shape sign for exterior of the building, with flat face, per attached design & photo. Illuminated, with digital print/laminated over entire face of sign.

Photo No. _____

Drawing No. _____

6. SIGNATURE OF APPLICANT:

Jose Lechuga / JB.
Signature

Jose Lechuga
Print or type name

10-17-11
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



Classic Signs

#6 Valentinos Sign - RMR

RMR CLASSIC SIGNS. 09-28-2011. THIS DRAWING IS THE EXCLUSIVE PROPERTY OF RMR CLASSIC SIGNS.