

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

ADDRESS OF PROPERTY: 2553- 2575 N Lake Drive, Milwa	aukee	
NAME AND ADDRESS OF O	OWNER:	
Name(s):		
Address:		
	State:	
Email:		
Telephone number (area cod	le & number) Daytime:	Evening:
APPLICANT, AGENT OR CO	ONTRACTOR: (if different from ow	mer)
Name(s): Solid State Architectu	ure, Jeffrey P Folstad	
Address: 600 w virginia street,	suite 102	
City: milwaukee	State: WI	ZIP Code: 53204
Email: jpf@solid-state- arch.com	m	
	e & number) Daytime: 414.231.380	1 Evening:
Telephone number (area cod	e & number) Daytime: 414.231.380	
Telephone number (area code ATTACHMENTS: (Because at 414-286-5712 for submittal	e & number) Daytime: 414.231.380 projects can vary in size and scope requirements)	
Telephone number (area code ATTACHMENTS: (Because at 414-286-5712 for submittal A. REQUIRED FOR MA	e & number) Daytime: 414.231.380 projects can vary in size and scope requirements)	e, please call the HPC Office
Telephone number (area code ATTACHMENTS: (Because at 414-286-5712 for submittal A. REQUIRED FOR MA Photographs of affect Sketches and Elevation	e & number) Daytime: 414.231.380 projects can vary in size and scope requirements)	e, please call the HPC Office (annotated photos recommended to 11" x 17" or 8 ½" x 11")
ATTACHMENTS: (Because at 414-286-5712 for submittal A. REQUIRED FOR MA Photographs of affect Sketches and Elevation A digital copy of the process.)	e & number) Daytime: 414.231.380 projects can vary in size and scope I requirements) AJOR PROJECTS: ted areas & all sides of the building on Drawings (1 full size and 1 reduing	e, please call the HPC Office (annotated photos recommend ced to 11" x 17" or 8 ½" x 11")
ATTACHMENTS: (Because at 414-286-5712 for submittal A. REQUIRED FOR MA Photographs of affect Sketches and Elevatin A digital copy of the public Material and Design S	e & number) Daytime: 414.231.380 projects can vary in size and scope I requirements) AJOR PROJECTS: ted areas & all sides of the building on Drawings (1 full size and 1 reduchotos and drawings is also requestions.	e, please call the HPC Office (annotated photos recommend ced to 11" x 17" or 8 ½" x 11")

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.

ee attached cover lette	er			

6. SIGNATURE OF APPLICANT

Signature

Please print or type name

5-16.16

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

FAX: (414) 286-3004

www.milwaukee.gov/hpc

Or click the SUBMIT button to automatically email this form for submission.