



## 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)  
Brady Street Historic District  
ADDRESS OF PROPERTY:  
1234 E. Brady St.
2. NAME AND ADDRESS OF OWNER:  
Name(s): Elias Chedid / Harry's on Brady  
Address: 3549 N. Oakland Ave  
City: Milwaukee State: WI ZIP: 53211  
Email: elias@theknickrestaurant.com  
Telephone number (area code & number) Daytime: 414-617-6088 Evening: \_\_\_\_\_
3. APPLICANT, AGENT OR CONTRACTOR: (if different from owner)  
Name(s): Joan Sweet, Architect / Sweet Designs  
Address: 1435 Stonetield Ct.  
City: Waukesha State: WI ZIP Code: 53186  
Email: Sweetjt@wi.rr.com  
Telephone number (area code & number) Daytime: 262-227-1228 Evening: 262-227-1228
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.

Only significant changes are replacing single pane glass with operable windows. Existing wood doors and awnings to remain. Fabric will be replaced.

6. **SIGNATURE OF APPLICANT:**

Joan M Sweet  
Signature

Joan Sweet  
Please print or type name

Jan. 25, 2016  
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](http://www.milwaukee.gov/hpc)**

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

**SUBMIT**