



**HISTORIC PRESERVATION CERTIFICATION APPLICATION
AMENDMENT / ADVISORY DETERMINATION**

Instructions: This page must bear the applicant's original signature and must be dated. NPS Project Number
41208

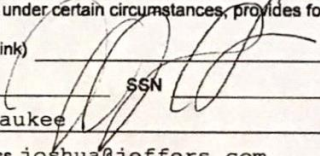
1. **Historic Property Name** Milwaukee Journal Complex
Street 333 West State Street
City Milwaukee County Milwaukee State WI Zip 53203

2. This form includes additional information requested by NPS for an application currently on hold.
 updates applicant or contact information.
 amends a previously submitted Part 1 Part 2 Part 3 application.
 requests an advisory determination that the completed phase ___ of ___ phases of this rehabilitation meets the Secretary of the Interior's Standards for Rehabilitation. Phase completion date _____ Estimated rehabilitation costs of phase (QRE) _____

Summarize information here; continue on following page if necessary.

Amendment 12 - This amendment addresses proposed exterior signage for the 1924 Journal Building.

3. **Project Contact** (if different from applicant)
Name Jen Davel Company Heritage Consulting Group
Street 10 E. Doty Street, Suite 615 City Madison State WI
Zip 53703 Telephone (608) 609-6856 Email Address jdavel@heritage-consulting.com

4. **Applicant**
I hereby attest that the information I have provided is, to the best of my knowledge, correct. I further attest that [check one or both boxes, as applicable]:
 I am the owner of the above-described property within the meaning of "owner" set forth in 36 CFR § 67.2 (2011), and/or
 if I am not the fee simple owner of the above described property, the fee simple owner is aware of the action I am taking relative to this application and has no objection, as noted in a written statement from the owner, a copy of which (i) either is attached to this application form and incorporated herein, or has been previously submitted, and (ii) meets the requirements of 36 CFR § 67.3(a)(1) (2011).
For purposes of this attestation, the singular shall include the plural wherever appropriate. I understand that knowing and willful falsification of factual representations in this application may subject me to fines and imprisonment under 18 U.S.C. § 1001, which, under certain circumstances, provides for imprisonment of up to 8 years.
Name Joshua Jeffers Signature (Sign in ink)  Date 4-1-2022
Applicant Entity JS1924, LLC; JS1962, LLC SSN _____ or TIN 84-3098343
Street 225 E. Michigan Street, Suite 300 City Milwaukee State WI
Zip 53204 Telephone (414) 501-5611 Email Address joshua@jeffers.com
 Applicant, SSN, or TIN has changed since previously submitted application.

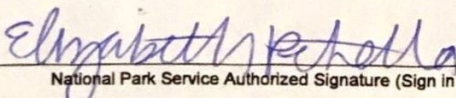
NPS Official Use Only

The National Park Service has reviewed this amendment to the Historic Preservation Certification Application and has determined that the amendment:

- meets the Secretary of the Interior's Standards for Rehabilitation.
- will meet the Secretary of the Interior's Standard for Rehabilitation if the attached conditions are met.
- does not meet the Secretary of the Interior's Standards for Rehabilitation.
- updates the information on file and does not affect the certification.

Advisory Determinations:

- The National Park Service has determined that the work completed in this phase is consistent with the Secretary of the Interior's Standards for Rehabilitation. This determination is advisory only. A formal certification of rehabilitation can be issued only after all rehabilitation work and any associated site work or new construction have been completed. This approval could be superseded if it is found that the overall rehabilitation does not meet the Secretary's Standards. A copy of this form will be provided to the Internal Revenue Service.

Date 6-3-2022 
National Park Service Authorized Signature (Sign in ink)

NPS conditions or comments attached

RECEIVED
MAY 17 2022
NATIONAL PARK SERVICE
TAX INCENTIVE PROGRAM