



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)

WISCONSIN INSTITUTE OF TORAH STUDIES

ADDRESS OF PROPERTY:

3288 N LAKE DRIVE

2. NAME AND ADDRESS OF OWNER:

Name(s):

Address:

City: State: ZIP:

Email:

Telephone number (area code & number) Daytime: Evening:

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

Name(s): J & H HEATING

Address: 1220 MINERAL SPRING DR.

City: PORT WASH State: WI ZIP Code: 53074

Email: MIKEK@JHHEATING.COM

Telephone number (area code & number) Daytime: 262-284-5589 Evening: 414-943-3005
EXT 16

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:

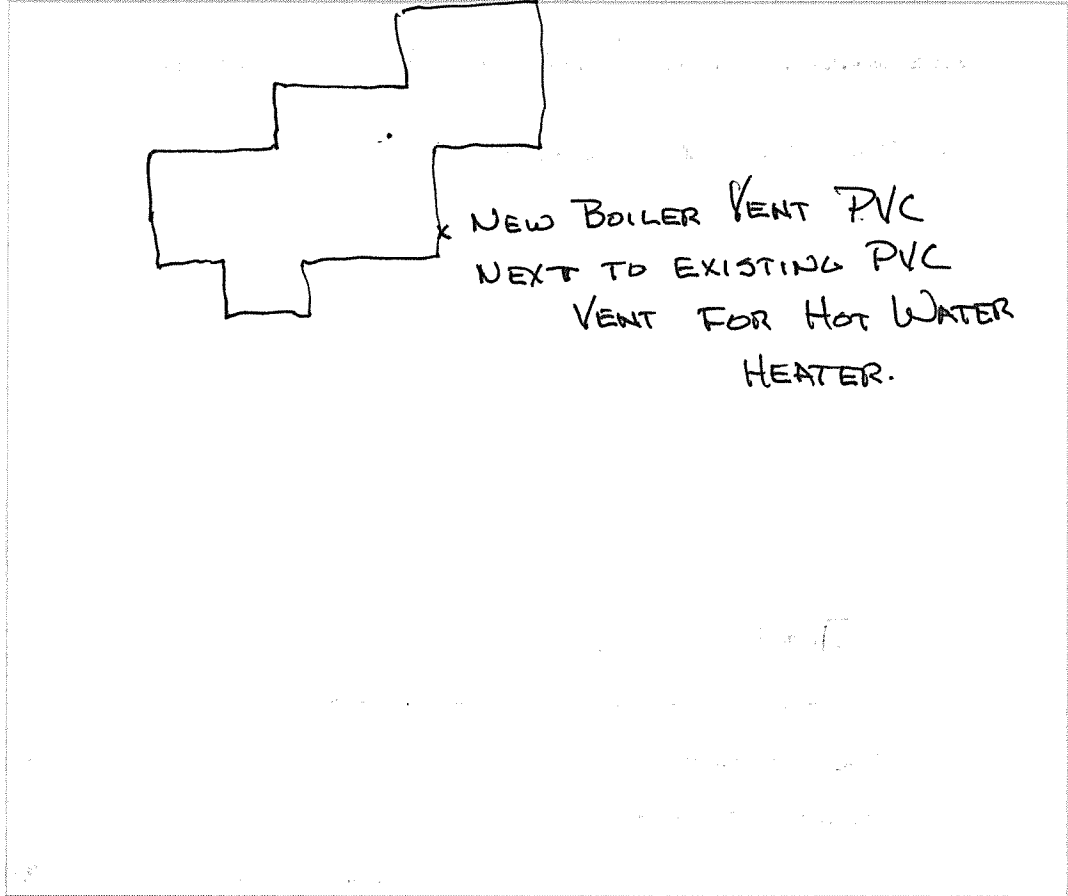
Floor Plans (1 full size and 1 reduced to a maximum of 11" x 17")

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.



6. SIGNATURE OF APPLICANT:


 Signature

MICHAEL J KOWALSKI
 Please print or type name

11/3/16
 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.

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