



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)
_____ MITCHELL ST. HISTORIC DISTRICT _____
ADDRESS OF PROPERTY: ^{HISTORIC}
_____ 1104 W. MITCHELL ST. _____

2. NAME AND ADDRESS OF OWNER:
Name(s): _____ MILWAUKEE HOME REALTY LLC _____
Address: _____ 4828 W LISBON AVE _____
City: _____ MILW _____ State: _____ WI _____ ZIP: _____ 53210 _____
Email: _____ R PAT TEE @ GMAIL . COM _____
Telephone number (area code & number) Daytime: _____ 414 690 9826 _____ Evening: _____ 414 690 9826 _____

3. APPLICANT, AGENT OR CONTRACTOR: (if different from owner)
Name(s): _____ MILWAUKEE HOME REALTY LLC _____
Address: _____ 4828 W LISBON _____
City: _____ MILW _____ State: _____ WI _____ ZIP Code: _____ 53210 _____
Email: _____ R PAT TEE @ GMAIL . COM _____
Telephone number (area code & number) Daytime: _____ 414 690 9826 _____ Evening: _____ _____

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.

Purchasing vacant building from City of Milw,
Building use to ~~be~~ be artist studios.
We will touchpoint brick facade, add new
storefront glass, wood frames. Rear roof to
be rechecked on back 30x40 section. mechanicals
to be located to rear of building. pet tube
tube used to upgrade plumbing.

6. SIGNATURE OF APPLICANT:


Signature

RYAN PATTEE
Please print or type name

3/7/18
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

hpc@milwaukee.gov

www.milwaukee.gov/hpc

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

SUBMIT