

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

	ROPERTY: chell Street, Milwaukee, WI 5	3204			
NAME AND ADI	AME AND ADDRESS OF OWNER:				
Name(s):Juan Or	lame(s):Juan Ordaz				
Address: 600 W Historic Mitchell Street, Milwaukee, WI					
City: Milwaukee		State: WI	ZIP: 53204		
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Telephone numb	er (area code & number)	Daytime: 414-892-383	Evening:		
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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 via email.
	Replace existing steel support columns that are rusted out at the bottom with new 7" steel column. Paint to match existing.

6.	SIGNATURE OF APPLICANT:
	10 1 L
	Signature

Robert Adams

12/27/2022

Please print or type name

Date

This form and all supporting documentation MUST arrive by 4:00 pm (11:59 pm via email) 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.

Mail or Email Form to:

Historic Preservation Commission City Clerk's Office 841 N. Broadway, Rm. B1 Milwaukee, WI 53202

PHONE: (414) 286-5712 or 286-5722

hpc@milwaukee.gov

www.milwaukee.gov/hpc

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

SUBMIT