

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

1.		SHUSTER HISTORIC BUILDING						
		ESS OF PROPERTY: V Historic Mitchell St # 1030						
2.	NAME	AND ADDRESS OF OW	NER:					
	Name(s): SHUSTER HISTORIC BUILDING							
	Addres	ss: 1579 SOUTH 38TH STR	EET					
	City: <u>M</u>	IILWAUKEE	State: WI	ZIP: 53204				
	Email:		and a superior superior superior and the superior of the superior superior superior superior superior superior	militääkann roominan ona vanroomisiin ara mikkinn viikinkooli sähinoonin manan miki				
	Teleph	one number (area code &	k number) Daytime:	Evening:				
3.	APPLI	APPLICANT, AGENT OR CONTRACTOR: (if different from owner)						
	Name(Name(s): Melissa White						
	Addres	Address: 2000 Corporate Drive						
				ZIP Code: 15317				
		Email: melissa.white@crowncastle.com						
				2 Evening:				
		(4. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.	annellari en landi en la deciminata de la deciminata deci	Control of the Contro				
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 MAJO	R PROJECTS:					
	<u>x</u>	Photographs of affected areas & all sides of the building (annotated photos recommended)						
	X - Manifes (Ed.) and and an America	Sketches and Elevation Drawings (1 full size and 1 reduced to 11" x 17" or 8 ½" x 11") A digital copy of the photos and drawings is also requested.						
	X	Material and Design Specifications (see next page)						
	В.	B. NEW CONSTRUCTION ALSO REQUIRES:						
	um reskus Para a biblior norabbo m	Floor Plans (1 full size a	and 1 reduced to a maximum of 1	1" x 17")				
		•	on of project and adjoining struct	•				
			and an prosper and analysis of an area					

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.				
	Swan (4) antennas Install (1) new GPS antenna				

Swap (4) antennas. Install (1) new GPS antenna.	

Æ	SIGNA	TURE	OF A	ΔPPI	ICANT:

Melica Write Signature		
Melissa White	04.29.19	
Please print or type name	Date	and were the real professional to a second second section field to the selection of the second section section (

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.

