



CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

SIGN-GEN-23-00288

1. HISTORIC NAME OF PROPERTY OR HISTORIC DISTRICT: (if known)
WEST HISTORIC MITCHELL STREET
ADDRESS OF PROPERTY:
1001 W. HISTORIC MITCHELL

2. NAME AND ADDRESS OF OWNER:
Name(s): URBANE LLC
Address: 1007 W. HISTORIC MITCHELL ST
City: MILWAUKEE State: WI ZIP: 53204
Email: _____
Telephone number (area code & number) Daytime: 414-403-2936 Evening: _____

3. APPLICANT, AGENT OR CONTRACTOR: (if different from owner)
Name(s): Mehmet Uygur - Lakeshore Electrical Services LLC
Address: 9813 S 27th ST
City: Franklin State: WI ZIP Code: 53132
Email: mehmet@lakeshoreelectric.com
Telephone number (area code & number) Daytime: 262.278.2910 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.