



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)

Avalon Atmospheric Theater

ADDRESS OF PROPERTY:

2473 S. Kinnickinnic Avenue, Milwaukee, WI 53207

2. NAME AND ADDRESS OF OWNER:

Name(s): Lee R. Barczak

Address: 5133 S. Lake Drive

City: Cudahy

State: WI

ZIP: 53110

Email: lbarczak@morgankenwood.com

Telephone number (area code & number) Daytime: 414-322-0811

Evening: same

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

Name(s): Jane Schilz

Address: 2473 S. Kinnickinnic Avenue

City: Milwaukee

State: WI

ZIP Code: 53207

Email: jane@ntg-wi.com

Telephone number (area code & number) Daytime: 414-509-6685

Evening: same

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:**

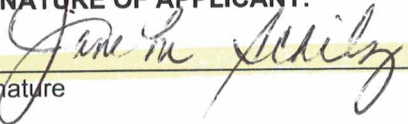
Tell us what you want to do. Describe all proposed work including materials, design, and dimensions. Additional pages may be attached.

We would like to add 4 outdoor dining tables to our facility placing them in front of the East side of the building adjacent to the sidewalk. They would be (4) 2 person tables measuring 20"x24" in size. They will be made of black weather resistant material.

3 tables will be placed in front of our large window and 1 would be placed between the 2 sets of entry doors.

Detailed floor plans that were submitted to the DPW have been included along with a picture of the front of our building.

6. **SIGNATURE OF APPLICANT:**


Signature

Jane M. Schilz

Please print or type name

05/31/18

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.

Mail or Email Form to:

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

