

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

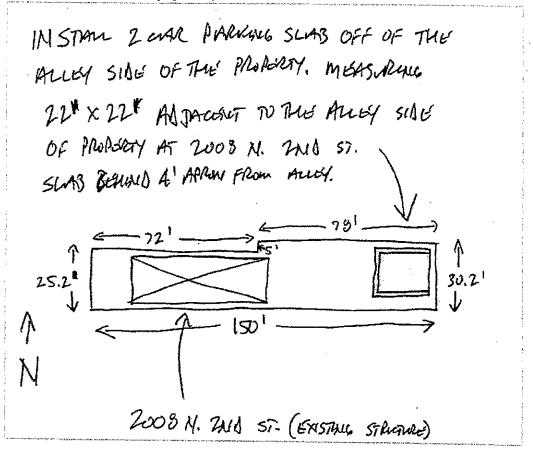
Please print legibly.

1.	Blowels HILL					
	ADDRESS OF PROPERTY: 2008 N. 2NA S.					
2.	NAME AND ADDRESS OF OWNER: Name(s): TIMOTHY BANDUM / BENJAMIN LAWREN 2					
	Address: 2023 N. 2ND ST. / 2036 N 2ND ST.	17 at 10				
	City: MILWAUGG State: WI ZIP:	53212				
	Email: TIMOTHY_M_BADWN@YAHW.com	Photographic stands				
	Telephone number (area code & number) Daytime: 414.507.6658 Evenin	g: Sunc				
3.	APPLICANT, AGENT OR CONTRACTOR: (if different from owner)					
	Name(s): X/A	englight palling for the South Addition of Marine has general property of the South Wallet of the Addition of the South Addition of				
	Address:	COLON SELECTION CONTRACTOR CONTRACTOR ACTION AND ACTION AND ACTION ACTION ACTION AND ACTION A				
		e:				
	Email:	Andrew (A) and conjugate.				
	Telephone number (area code & number) Daytime: Evenin	g :				
L .	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 ½" 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.



6. SIGNATURE OF APPLICANT:

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Signature		,	,	
Tim BALLUN	1 11.	- 6/	15/14	•
Please print or type name		Date	The second secon	

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

FAX: (414) 286-3004

www.milwaukee.gov/hpc

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1850 W. Growtlied Aviano, West Alia, Wisconsin, 59214 PHONE (414) 455-8600 / FAX (414) 456-9620

