



CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.
Please print legibly.

*Rec'd
5/11/15*

1. HISTORIC NAME OF PROPERTY OR HISTORIC DISTRICT: (if known)

OLD WORLD THIRD STREET

ADDRESS OF PROPERTY:

1023 N. OLD WORLD 3RD STREET

2. NAME AND ADDRESS OF OWNER:

Name(s): SUSANNE MAYER

Address: 1023 N. OLD WORLD 3RD STREET

City: MILWAUKEE State: WI ZIP: 53203

Email: _____

Telephone number (area code & number) Daytime: 414-430-1824 Evening: _____

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

Name(s): TOM VAVRA

Address: P.O. BOX 70087

City: MILWAUKEE State: WI ZIP Code: 53207

Email: Thomas.e.vavra@yahoo.com

Telephone number (area code & number) Daytime: 414-732-9163 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.

Remove the existing Aluminum storefront system and construct a new wood storefront system to more match the character of the building and street

The second project is to remove the existing roof top structure and replace it with a more beautiful conservatory style roof top glass structure

6. SIGNATURE OF APPLICANT:


Signature

Thomas J. Varca II
Please print or type name

5/10/2015
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.

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