



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)

Mitchell Bank

ADDRESS OF PROPERTY:

1039 W Historic Mitchell st.

2. NAME AND ADDRESS OF OWNER:

Name(s): Mitchell Bank

Address: 1039 W Historic Mitchell st.

City: Milwaukee

State: WI

ZIP: 53204

Email: Thart@mitchellbank.com

Telephone number (area code & number) Daytime: 414-645-0600

Evening:

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

Name(s): Tim Dertz

Address: 347 e Lincoln Av.

City: Milwaukee

State: WI

ZIP Code: 53207

Email: timdertz@gmail.com

Telephone number (area code & number) Daytime: 414-698-8585

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:

x 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.

Current retaining wall along back of property is failing. (see pictures). This portion of the property is not original to the construction of this property. It is our plan to remove existing retaining wall. We will then rebuild the wall with poured concrete and rebar connecting the wall and the staircase as one. In doing this we will restore the current railing system within the new concrete wall. Upon completion we will seal the concrete and paint to match the color of the main building.

6. SIGNATURE OF APPLICANT:

Signature

Tim Dertz
Please print or type name

6-29-2016
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

Or click the SUBMIT button to automatically email this form for submission.

SUBMIT



