



# 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)**

**ADDRESS OF PROPERTY:**

231 S. 2nd Street

**2. NAME AND ADDRESS OF OWNER:**

Name(s): 231 2nd St LLC

Address: 16000 Sky Cliff Drive

City: Brookfield

State: WI

ZIP: 53005

Email:

Telephone number (area code & number) Daytime: (414)510-8943

Evening:

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

Name(s): Zach Wenger

Address: 4085 N 128th Street

City: Brookfield

State: WI

ZIP Code: 53005

Email: zwenger@lebergelectric.com

Telephone number (area code & number) Daytime: (262)364-0364

Evening: (414)322-9448

**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 will be removing the existing "Zak's Cafe" blade sign, and installing a new "Toast" blade sign that will be non-illuminated, and made out of fabricated aluminum. The dimensions for the new sign are 4'W x 4'4"H x 4"D. The mounting plates are to be 1'x1' square.

**6. SIGNATURE OF APPLICANT:**

\_\_\_\_\_  
Signature

Zach Wenger

\_\_\_\_\_  
Please print or type name

1/22/18

\_\_\_\_\_  
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.

**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**

[hpc@milwaukee.gov](mailto:hpc@milwaukee.gov)

[www.milwaukee.gov/hpc](http://www.milwaukee.gov/hpc)

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

**SUBMIT**