

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)

| | A DDDE | ADDRESS OF DESCRIPTIVE | | | | | |
|----|--|--|------------------------------|-----------|--|--|--|
| | AUUKE | ADDRESS OF PROPERTY: | | | | | |
| 2. | (aka; 1801 N Prospect Ave; mailing address) NAME AND ADDRESS OF OWNER: | | | | | | |
| | Name(s | ame(s): | | | | | |
| | Address | :: | | | | | |
| | City: | | State: | ZIP: | | | |
| | Email: | | | | | | |
| | Telepho | ne number (area code & number) D | aytime: | Evening: | | | |
| 3. | APPLICANT, AGENT OR CONTRACTOR: (if different from owner) | | | | | | |
| | Name(s): | | | | | | |
| | Address | ddress: | | | | | |
| | City: | | State: | ZIP Code: | | | |
| | Email: | | | | | | |
| | Telepho | ne number (area code & number) D | aytime: | Evening: | | | |
| 4. | ATTACHMENTS: (Because projects can vary in size and scope, please call the HPC of at 414-286-5712 for submittal requirements) | | | | | | |
| | A. | REQUIRED FOR MAJOR PROJECTS: | | | | | |
| | Photographs of affected areas & all sides of the building (annotated photos recommen 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 | d to a maximum of 11" x 17") |) | | | |
| | | | | | | | |

PLEASE NOTE: YOUR APPLICATION CANNOT BE PROCESSED UNLESS BOTH PAGES OF THIS FORM ARE PROPERLY COMPLETED

Site Plan showing location of project and adjoining structures and fences

AND SIGNED.

| 5. | DESCRIPT | TON OF | PROJECT: |
|----|-----------------|--------|----------|
| | | | |

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

6. SIGNATURE OF APPLICANT:

Signature

Please print or type name

Date

This form and all supporting documentation MUST arrive by 4:00 pm (11:59 pm via email) 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) 286-5712 or 286-5722 hpc@milwaukee.gov www.milwaukee.gov/hpc

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