



## 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)

Pryor Avenue Iron Well

ADDRESS OF PROPERTY:

1710 E Pryor Avenue, Milwaukee

2. NAME AND ADDRESS OF OWNER:

Name(s): City of Milwaukee, Milwaukee Water Works

Address: c/o Carrie Lewis, 841 N. Broadway Room 409

City: Milwaukee

State: WI

ZIP: 53202

Email: [carrie.lewis@milwaukee.gov](mailto:carrie.lewis@milwaukee.gov)

Telephone number (area code & number) Daytime: 414-286-2801

Evening: n/a

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

Name(s): Donna Pogliano et al.

Address: 2760 S Superior

City: Milwaukee

State: WI

ZIP Code: 53207

Email: [dpogliano@vzw.blackberry.net](mailto:dpogliano@vzw.blackberry.net)

Telephone number (area code & number) Daytime: \_\_\_\_\_

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:

\_\_\_\_\_ 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.

Restore deteriorated surface of monument, reinforcing where necessary. Finish will match the original in terms of color, texture and hardness.

6. SIGNATURE OF APPLICANT:

Carrie Lewis  
Signature

Carrie Lewis  
Please print or type name

September 25, 2013  
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](http://www.milwaukee.gov/hpc)





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PLEASE  
RESERVE  
FOR  
PERSONS  
DRAWING  
4 OR 2 GALLONS  
PER TURN

