



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)

William C. Kneisler Tavern Building

ADDRESS OF PROPERTY:

2900 S. Kinnickinnic Avenue

2. NAME AND ADDRESS OF OWNER:

Name(s): Allison Meinhardt

Address: 2900 S. Kinnickinnic Avenue

City: Milwaukee

State: WI

ZIP: 53207

Email: allisonmeinhardt@gmail.com

Telephone number (area code & number) Daytime: 414-460-8693 Evening:

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

Name(s): Walters Sheet Metal Corp.

Address: 533 S. 94th Street

City: Milwaukee

State: WI

ZIP Code: 53214

Email: jsukkerent_wsm@yahoo.com

Telephone number (area code & number) Daytime: 414-443-1980 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 via email.

We are venting a kitchen exhaust hood and make-up air out the back of the building. There will be make-up air ductwork and exhaust ductwork. The make-up air unit will be placed on the ground. The exhaust fan will be placed on a small roof and then the ductwork will extend up past the roof edge. I have attached a sketch of this.

6. **SIGNATURE OF APPLICANT:**


Signature

Jeremy Sukkert
Please print or type name

10-15-19
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.

SUBMIT