

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

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ADD	RESS OF PROPERTY: 239 N Terrace
NAM Name	E AND ADDRESS OF OWNER: (a): TOM TO E PSCH
	1139 11 Tallata
City: _	MILW State: WT ZIP: 53202
	none number (area code & number) Daytime: 4147791-4364 Evening: Same
APPLI	CANT, AGENT OR CONTRACTOR: (if different from owner)
Name(s): PAUL MOSCISTER/CIZAM CITY MASONI) LLC
	51)8 SD 82nd STIERT
City	Greendale State: WI ZIP Code: 5312
Oity.	Cram City masonry @ yahoo. com
Telepho	one number (area code & number) Daytime: (44) 915-9410 Evening: Samz
ATTACI at 414-2	HMENTS: (Because projects can vary in size and scope, please call the HPC Office 86-5712 for submittal requirements) REQUIRED FOR MAJOR PROJECTS:
\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Photographs of affected areas & all sides of the building (annotated photos recommended
:033	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.
NOMIT LEN ZANGOCO	Material and Design Specifications (see next page)
B. N	NEW CONSTRUCTION ALSO REQUIRES:
F	Floor Plans (1 full size and 1 reduced to a maximum of 11" x 17")
S	ite Plan showing location of project and adjoining structures and fences

YOUR APPLICATION CANNOT BE PROCESSED UNLESS PLEASE NOTE: DOTU DAGES OF THIS FORM ADE DECDED! V COMD! ETEN

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.

Brick & caps Will be cleaned before removal
to re-use

South-east-North elevation Will be removed
replaced in Same Footprint

front Bushes Will be removed, Landscape by
Others

Concrete dech Will be removed & replaced by
Others

6.	SIGNATURE	OF APPLICANT:	
	1		

Signature

PAUL MUSCISTUL

Please print or type name

6/22/23

Date

This form and all supporting documentation MUST arrive by 4:00 pm (11:59 pm via email) on the deadline date establishe 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.

Mall 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