



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:

1007 N Old World Third St.

2. NAME AND ADDRESS OF OWNER:

Name(s): Robert L. Wilwood

Address: 234 E. Reservoir Ave #403

City: Milwaukee State: WI ZIP: 53212

Email: bobby@whosonthirdmke.com

Telephone number (area code & number) Daytime: 414-213-6817 Evening:

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

Name(s):

Address:

City: State: ZIP Code:

Email:

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.

SUBMIT

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

www.milwaukee.gov/hpc

hpc@milwaukee.gov

PHONE: (414) 286-5722

Historic Preservation Commission
City Clerk's Office
200 E. Wells St. Room B-4
Milwaukee, WI 53202

Hand Deliver or Mail Form to:

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.

Please print or type name

Robert C. Wilgen

Signature

[Handwritten Signature]

SIGNATURE OF APPLICANT:

6.

Date

8/10/17

[Empty rectangular box for project description]

SEE ENCL

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

DESCRIPTION OF PROJECT:

5.