



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:

1337 W. Forest Home AV

2. NAME AND ADDRESS OF OWNER:

Name(s): EL REY ENTERPRISES LLP, PHILIP J. REMMERS (RA)

1320 W. BURNHAM ST MILWAUKEE WI 53204

Address: 1601 E. RACINE AV. Suite 200

City: Waukesha

State: WI

ZIP: _____

Email: _____

Telephone number (area code & number) Daytime: 262-347-5160 Evening: _____

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

Name(s): LUIS BARBOSA

Address: BMR DESIGN GROUP INC 503 W. LINCOLN AV

City: MILWAUKEE

State: WI

ZIP Code: 53207

Email: BMRDESIGNLb@BIZWI.COM

Telephone number (area code & number) Daytime: 414-384-2996 Evening: 414-324-2818

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.

- REPLACE DEFECTIVE BRICKS OR BLOCKS IN EXTERIOR WALL. AREA OF CONCERN: UPPER 4 FEET OF NORTH WALL
- REPLACE MORTAR MISSING FROM EXTERIOR WALL (TUCKPOINT). AREA OF CONCERN: UPPER 4 FEET OF NORTH WALL
- RESTORE THIS AREA TO A SAFE AND SOUND CONDITION.

6. SIGNATURE OF APPLICANT:

Luis BARBOSA
Signature

Luis BARBOSA
Please print or type name

JUNE-3-2016
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

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

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