

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

	DRESS OF PROPERTY:		
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	ME AND ADDRESS OF OWNER		
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	Milwaukee		
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Tele	ephone number (area code & nur	mber) Daytime:10b-53[-35b	b Evening: 206-931-3546
APF	PLICANT, AGENT OR CONTRA	ACTOR: (if different from owner	er)
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City		State:	ZIP Code:
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Tele	ephone number (area code & nu	mber) Daytime:	Evening:
			please call the HPC Office
	TACHMENTS : (Because project 114-286-5712 or 414-286-5722 fo		F
		or submittal requirements)	F
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BOTH PAGES OF THIS FORM ARE PROPERLY COMPLETED.

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5. DESCRIPTION OF PROJECT:

l us what you want to do. Describe all proposed work including materials, design, d dimensions. Additional pages may be attached via email.				
Re-roof	Project	amore one one		

6. SIGNATURE OF APPLICANT (owner signature required for demolition):

Signature Wywho	,
Signature //	
Operion Wyatt	04/17/25
Please print or type name	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.

Email Form to:

hpc@milwaukee.gov

Historic Preservation Commission 841 N. Broadway, Rm. B1 Milwaukee, WI 53202

PHONE: (414) 286-5712 or 286-5722

www.milwaukee.gov/hpc

Or click the SUBMIT button to automatically email this form, if using an app such as Outlook or Apple Mail. The submit button does not work with web-based email interfaces.

