



## 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)  
Historic Mitchell Street

**ADDRESS OF PROPERTY:**

1135 West Historic Mitchell Street

2. **NAME AND ADDRESS OF OWNER:**

Name(s): Amit Ray

Address: 3846 South Lake Drive

City: St. Francis

State: WI

ZIP: 54235

Email: rayamitk@gmail.com

Telephone number (area code & number) Daytime: 414.241.0972

Evening:

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

Name(s): Keith Schultz

Address: 2515 North 66th Street

City: Wauwatosa

State: WI

ZIP Code: 53213

Email: swerk@juno.com

Telephone number (area code & number) Daytime: 414.322.7374

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

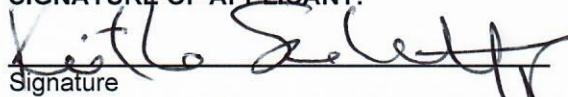
**PLEASE NOTE: YOUR APPLICATION CANNOT BE PROCESSED UNLESS BOTH PAGES OF THIS FORM ARE PROPERLY COMPLETED AND SIGNED.**

**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 renovating the interior of the building for new apartments. We are planning on replacing the windows on the second and third floor. We will also need to add additional windows on the East side of the building

**6. SIGNATURE OF APPLICANT:**



Signature



Please print or type name

August 2nd, 2024

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.

**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) 286-5712 or 286-5722

[hpc@milwaukee.gov](mailto:hpc@milwaukee.gov)

[www.milwaukee.gov/hpc](http://www.milwaukee.gov/hpc)

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

**SUBMIT**



North Elevation



East Elevation

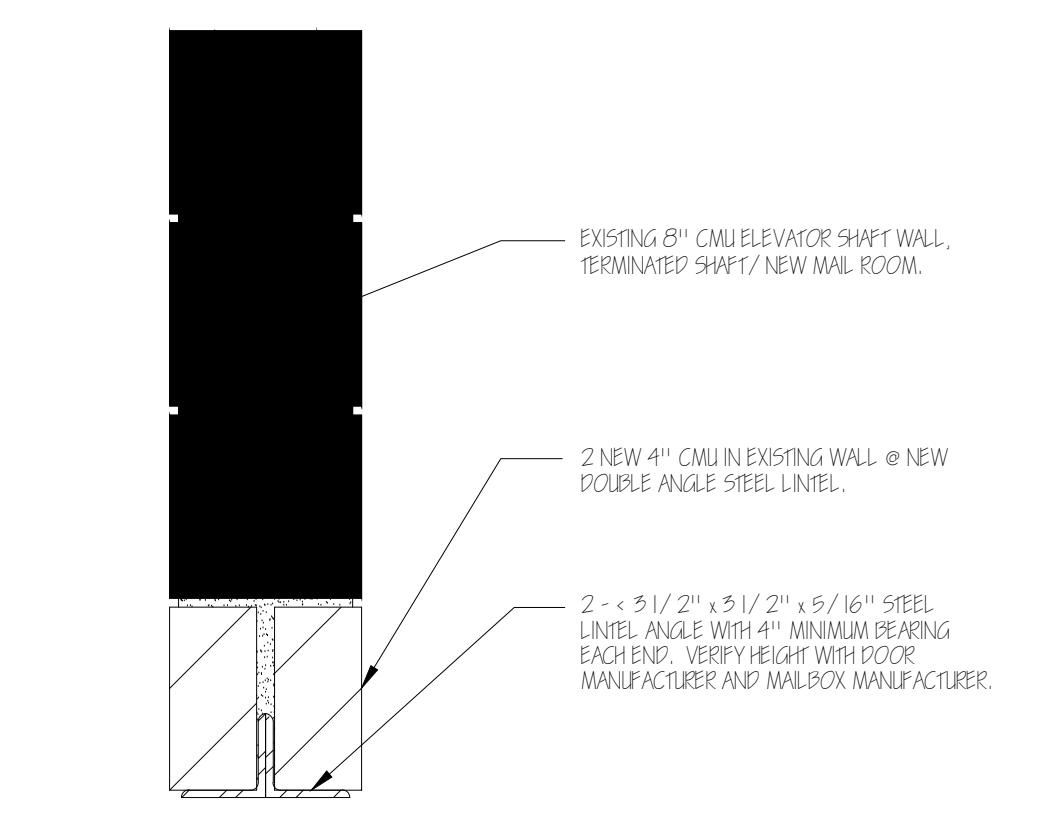
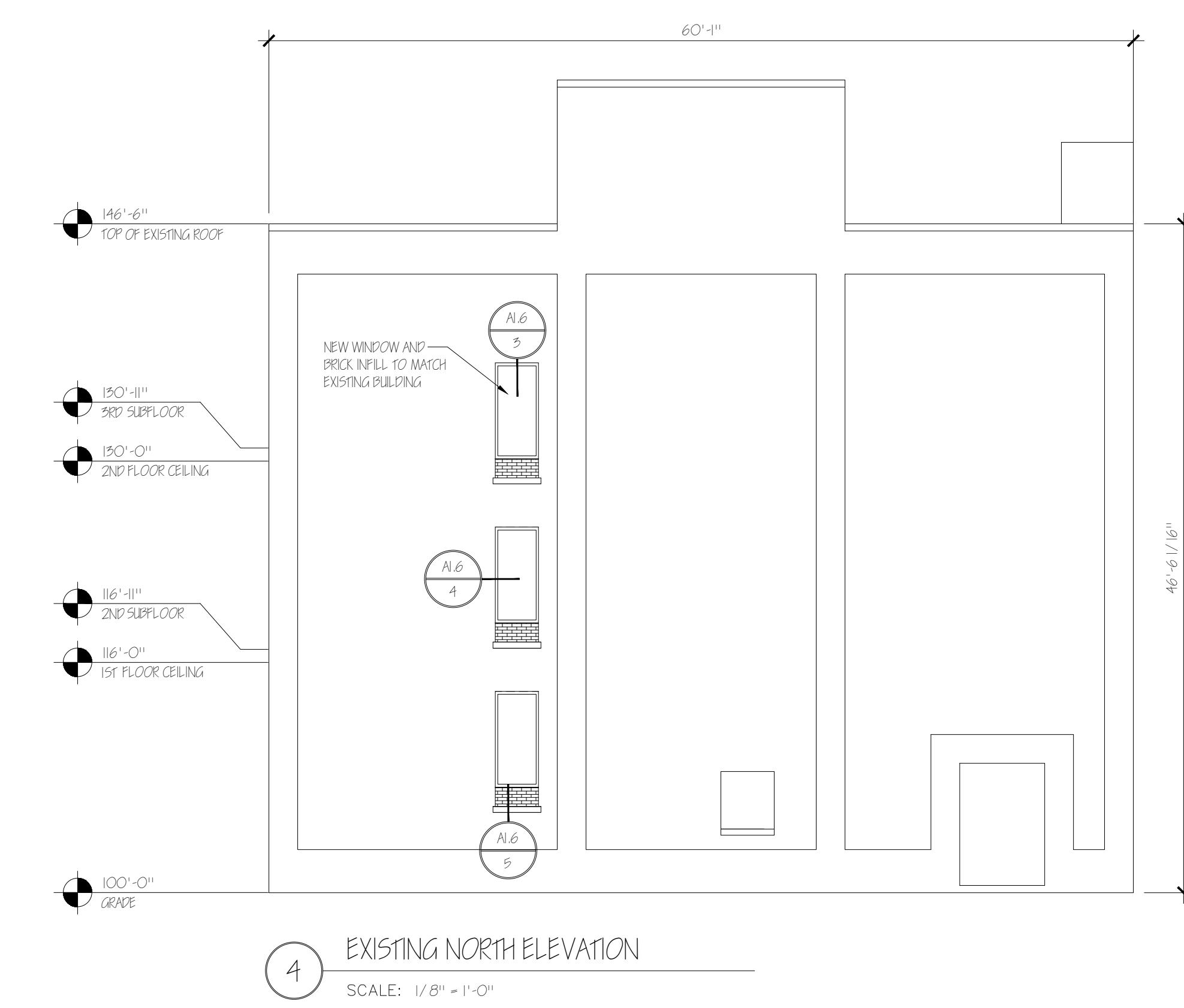
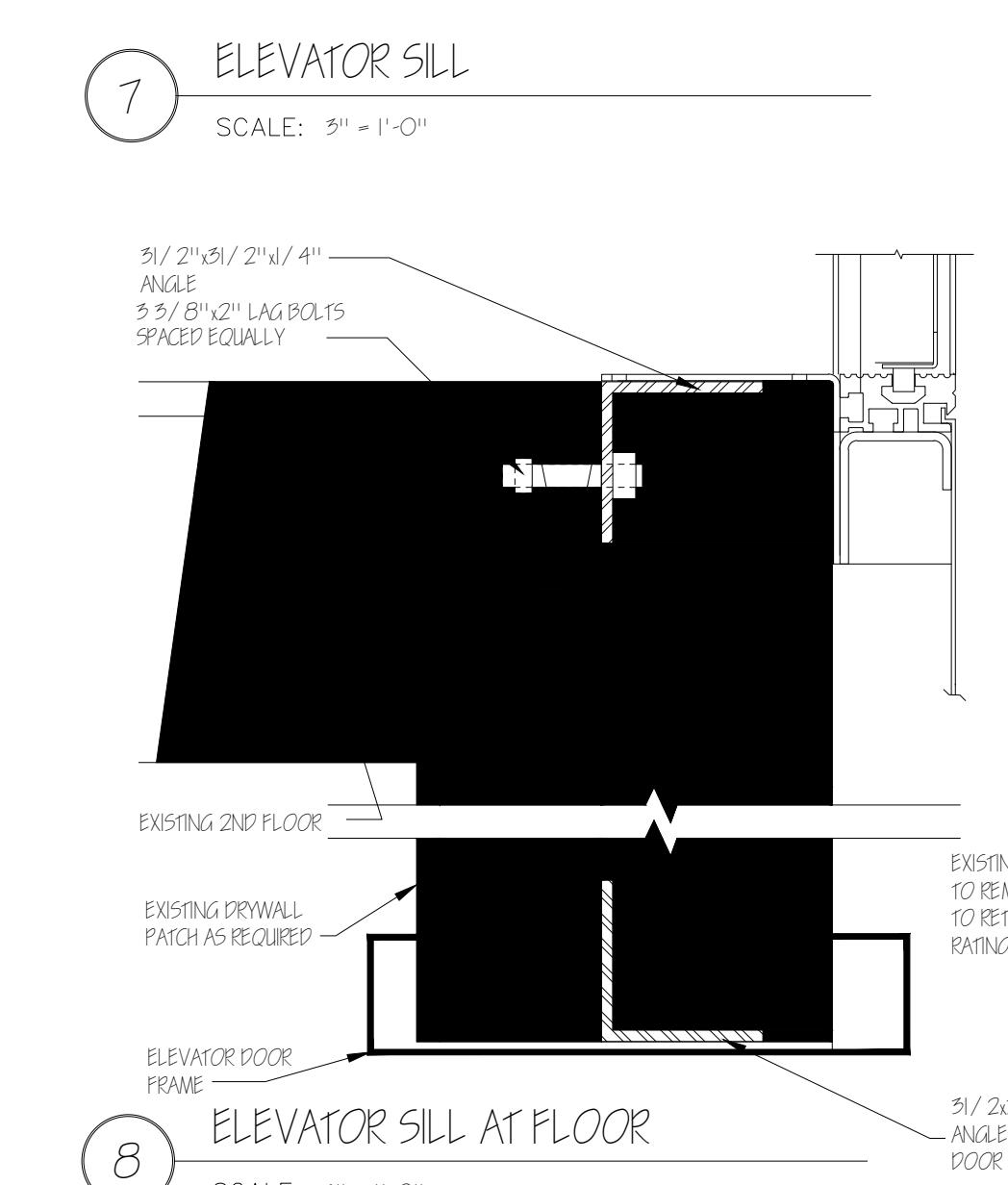
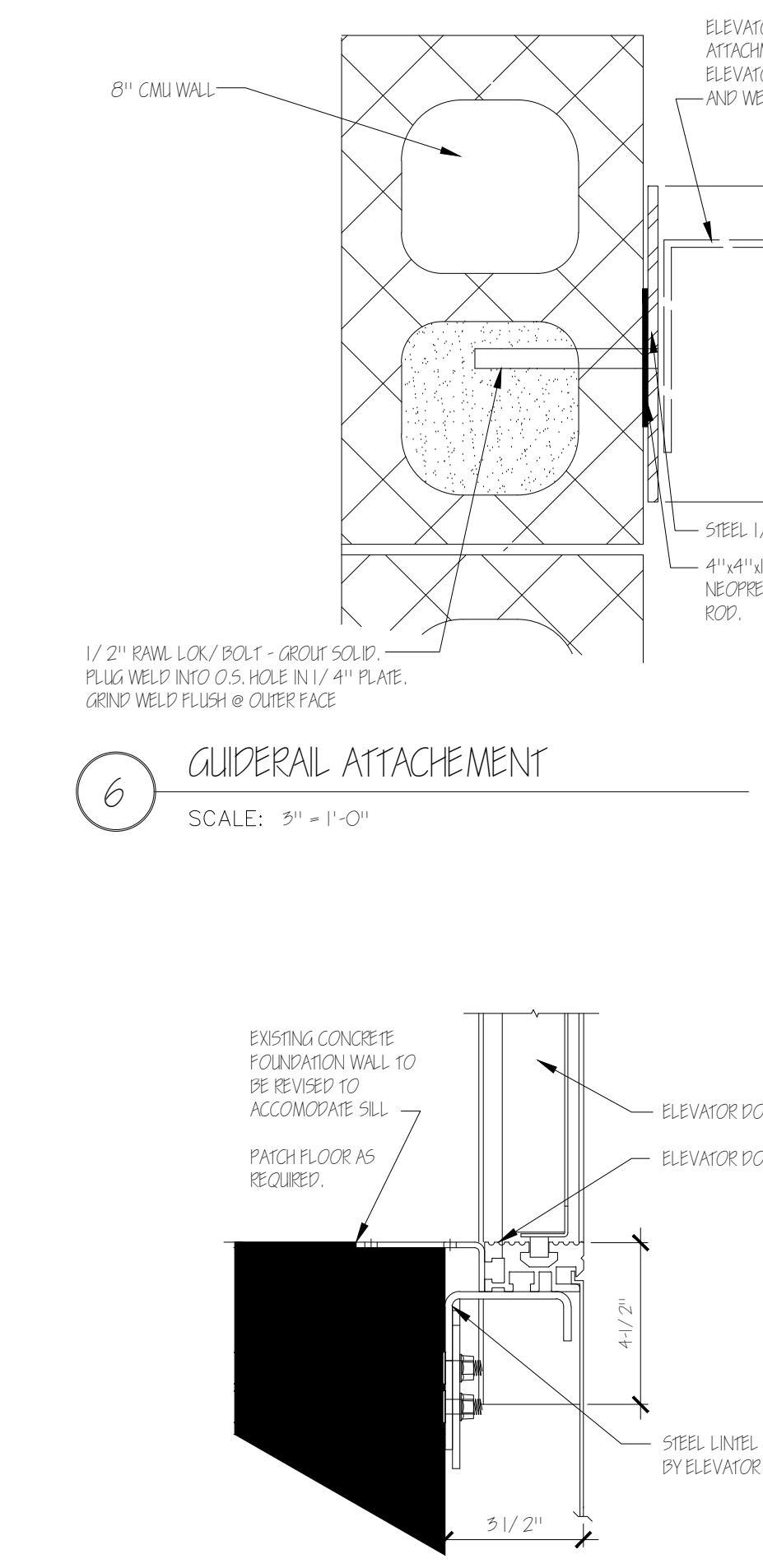
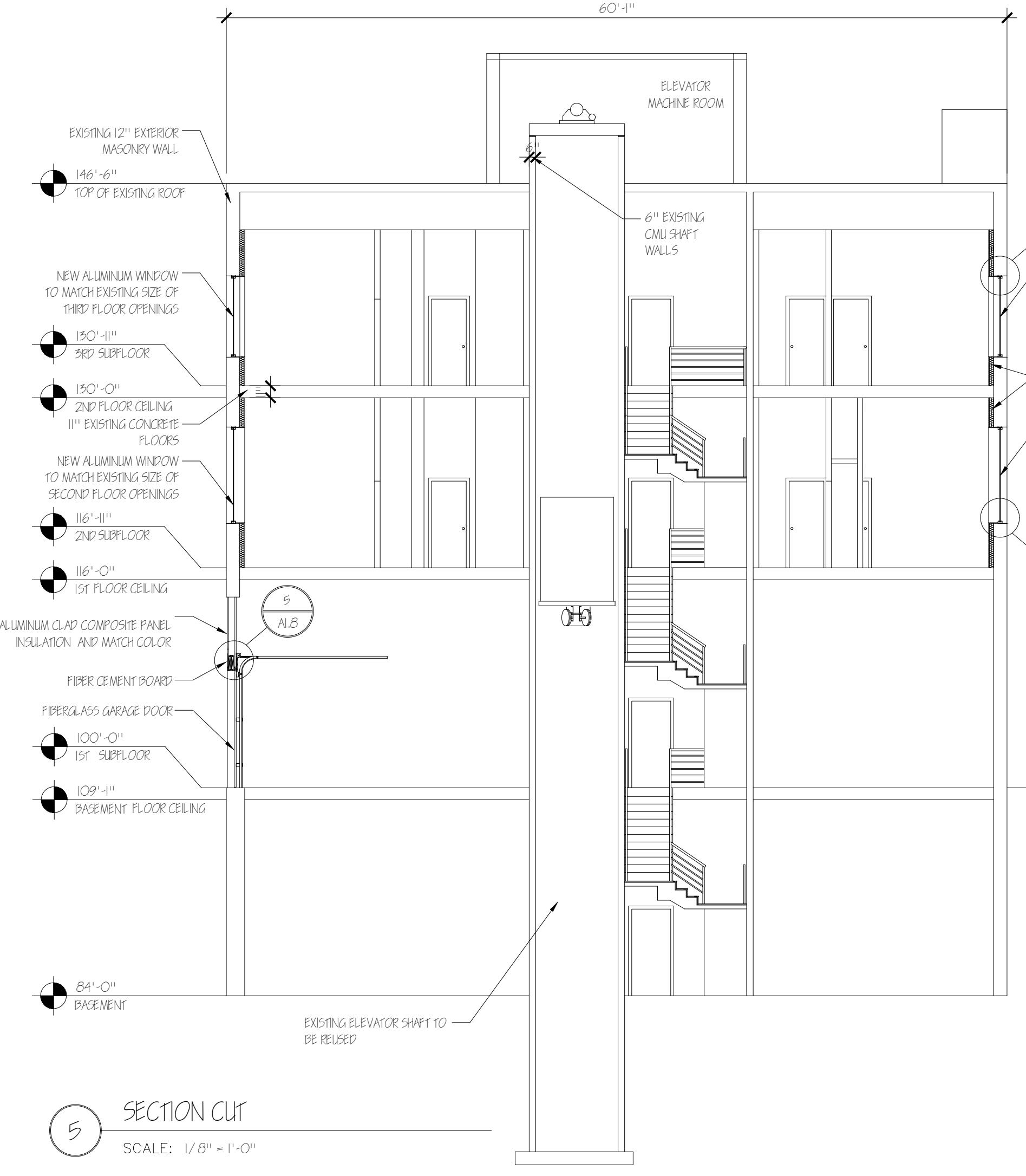
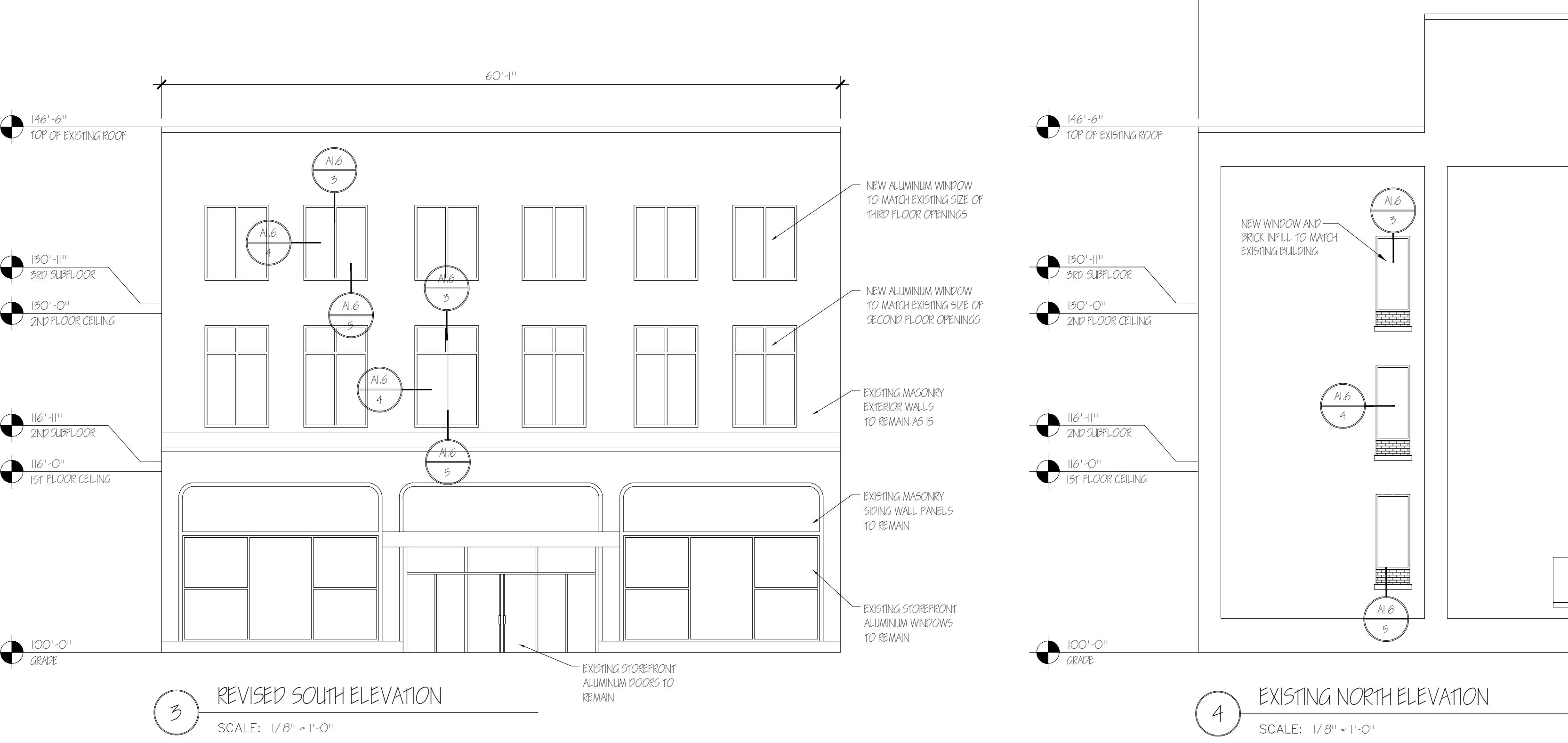
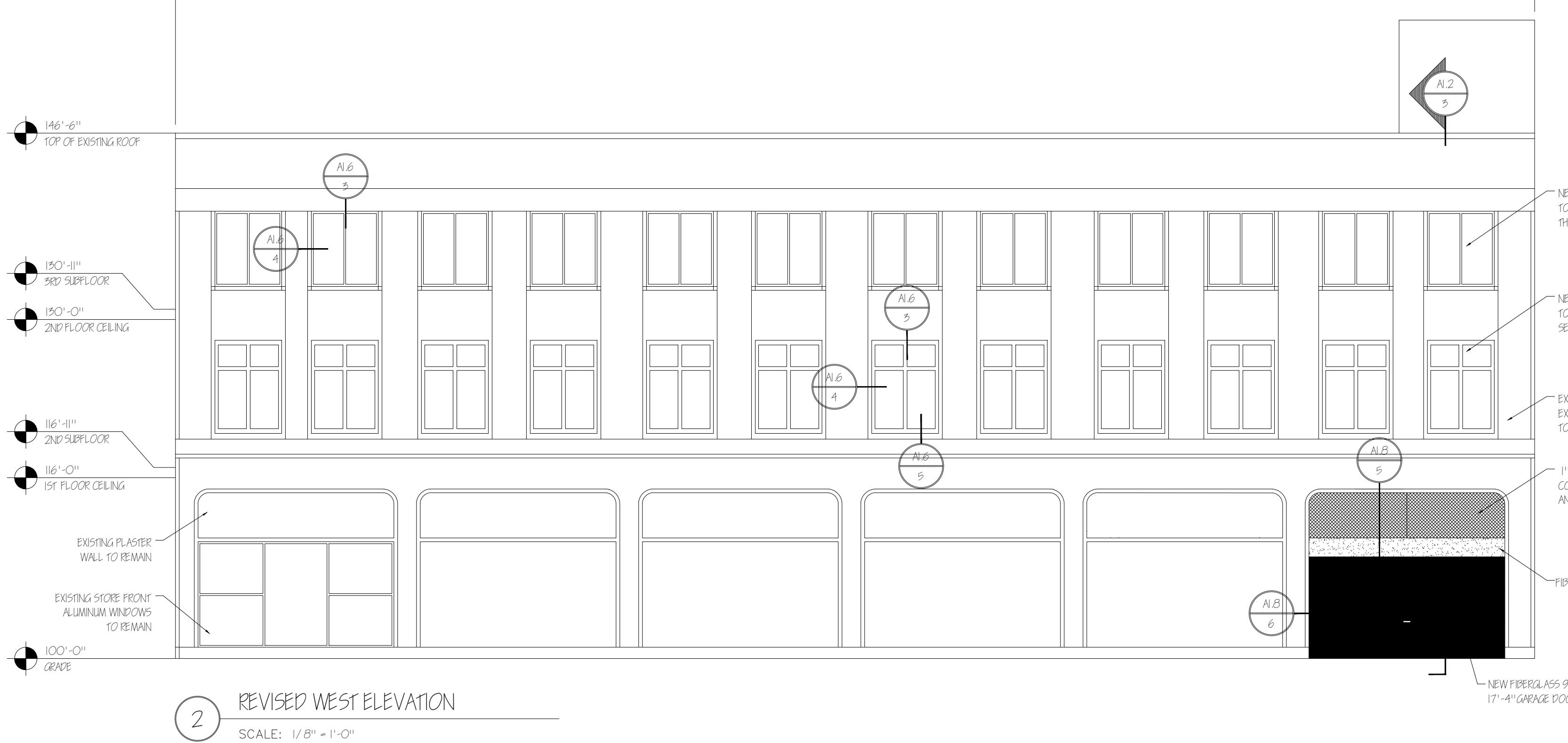
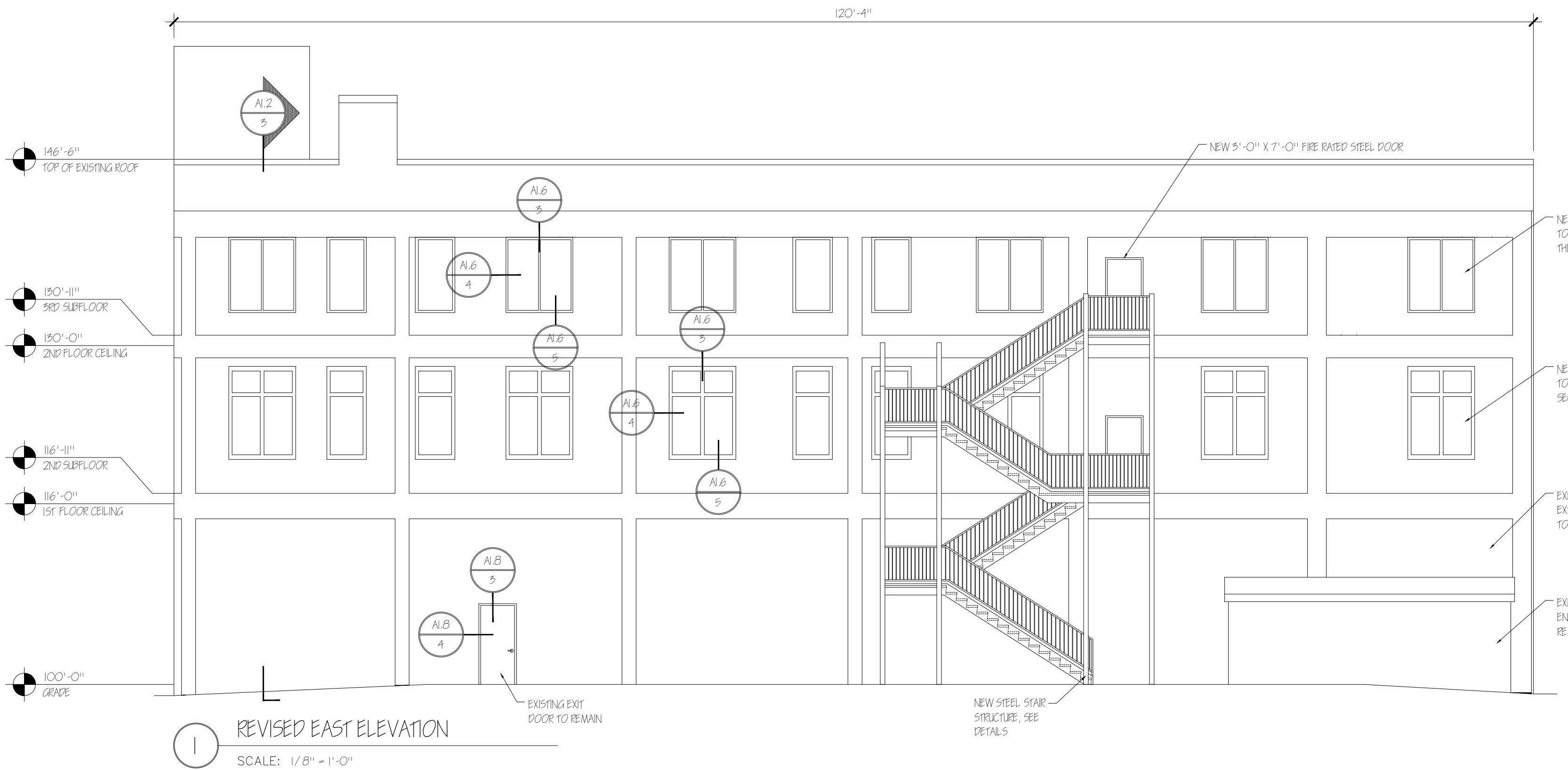


South Elevation



West Elevation

AMIT APARTMENTS  
1135 WEST HISTORIC MITCHELL STREET  
WAUKESHA, WI 53204



ARCHITECT:  
SchulteWerk  
Architecture, Inc.  
2515 NORTH 66TH STREET  
WAUWATOSA, WI 53213  
414.322.7374  
swerk@juno.com

ARCHITECT:  
KEITH SCHULTZ, AIA, ASID



REVISIONS  
PROJECT NO. 24022.00  
DATE 06/25/2024  
DRAWN BY KJS  
CHECKED BY KJS  
SHEET CONTENTS  
REVISED ELEVATIONS  
SECTION CUT AND DETAILS  
SHEET  
A1.7