



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:

X Photographs of affected areas & all sides of the building (annotated photos recommended)

X 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

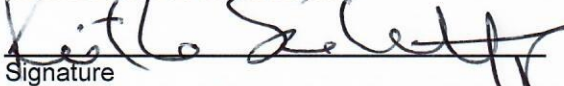
PLEASE NOTE: YOUR APPLICATION CANNOT BE PROCESSED UNLESS BOTH PAGES OF THIS FORM ARE PROPERLY COMPLETED AND SIGNED.

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

KEITH SCUDVITZ
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

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

ARCHITECT:
SchultzWerk
Architecture, Inc.
2515 NORTH 66TH STREET
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414.322.7374
swerk@juno.com

SCHULTZ
WEAK
ARCHITECTURE INC.

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