

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

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1.	HISTOR	RIC NAME OF PROPERTY OR HISTORIC DISTRICT: (if known) Historic Mitchell Street				
	ADDRE	720 W. Historic Mitchell Street				
2 .	NAME A Name(s Address City:	AND ADDRESS OF OWNER: (Mr.) Gurmukh Singh Street Kenosha State: WI ZIP: 53142				
	Email:	one number (area code & number) Daytime: (44) 39-368 Evening: (50 me)				
3.	Name(s Address City:	CANT, AGENT OR CONTRACTOR: (if different from owner) i): (Mr.) Harmin der Singh is: 7201 Edgemannt Ave. Green Late State: W/ ZIP Code: 53/29 brightworld(ed@gmail-com one number (area code & number) Daytime: (444/627-0979 Evening: (5ame)				
4.	ATTAC at 414-2	HMENTS: (Because projects can vary in size and scope, please call the HPC Office 286-5712 for submittal requirements)				
	Α.	REQUIRED FOR MAJOR PROJECTS:				
see	(Photographs of affected areas & all sides of the building (annotated photos recommended)				
	ched	Sketches and Elevation Drawings (1 full size and 1 reduced to 11" x 17" or 8 $\frac{1}{2}$ " x 11") A digital copy of the photos and drawings is also requested.				
	Material and Design Specifications (see next page)					
	В.	NEW CONSTRUCTION ALSO REQUIRES:				
	N/a	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.

See attached photo-Channel letter signage:

- 12" high x 121" long

- Logo 30" x 37"

Plastic + Aluminam channel letters.

(Not back-lit).

6.	SIGNA	TURE	OF A	PPL	.ICANT:
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/*//.u////* Signature

Please print or type name

Date 12-17-21

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.

SUBMIT

