

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

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1.	HISTORIC NAME OF PROPERTY OR HISTORIC DISTRICT: (if known)				
	4000				
	ADDR	ESS OF PROPERTY:			
2.	NAME AND ADDRESS OF OWNER:				
	Name(s):			
	Addres	ss:			
	City:		State:	ZIP:	
	Email:				
	Teleph	one number (area code & nu	umber) Daytime:	Evening:	
3.	A DDI I	CANT AGENT OF CONTR	ACTOR: (if different from	ownerD	
J .	APPLICANT, AGENT OR CONTRACTOR: (if different from ownerD Name(s):			OWNERD	
	Address: City: State: ZIF Email:				
			State:	ZIP Code:	
	Teleph	one number (area code & nu	umber) Daytime:	Evening:	
4.	ATTACHMENTS: (Because projects can vary in size and scope, please call the HPC Office at 414-286-5712 for submittal requirements)			ope, please call the HPC Office	
	A.	REQUIRED FOR MAJOR	PROJECTS:		
		Photographs of affected ar	eas & all sides of the buildi	ing (annotated photos recommended)	
	Sketches and Elevation Drawings (1 full size and 1 reduced to 11" x 17" or 8 ½" x 11 ÁWWWWXXZ&ã ãzdÁs[]^Á; Ás@Á; @ ([•Ás] åÁs; æ, ã, *•Ás Ás; [Á^˘ˇ^•৫\åÈ				

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:
J.	DESCRIPTION OF FROSECT.

 $V^{||\acute{A} \bullet \acute{A}|} @ ae \acute{A} [\check{A} a) o \acute{A} [\acute{A} [\check{E} \ddot{O} \land \bullet \& | \hat{a} \land \acute{A} a) | \acute{A} | [] [\bullet \land \mathring{A} , [| \land \mathring{A} , \&] \mathring{A}] * \acute{A} (ae \land | \hat{a} , \bullet) \bullet \mathring{A}]) \bullet (\mathring{A})$

6. SIGNATURE OF APPLICANT:

<u>Eric Rohs</u>....

P∣^æ•^Ájrint or type name

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.

Mail or Email Form to:

Historic Preservation Commission City Clerk's Office 841 N. Broadway, Rm. B1 Milwaukee, WIÂ HŒG

PHONE: (414) 286-5722 hpc@milwaukee.gov www.milwaukee.gov/hpc

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