



## 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:

1228 W. Historic Mitchell Street, Upper East

2. NAME AND ADDRESS OF OWNER:

Name(s): Jesus Estrada

Address: 9017 W. Narvoison Ave

City: West Allis

State: WI

ZIP: 53227

Email:

Telephone number (area code & number) Daytime: (414) 324-3156 Evening:

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

Name(s): Sourcepoint Staffing

Address: 12745 W. Capitol Dr.

City: Brookfield

State: WI

ZIP Code: 53005

Email: bsnelson@sourcepointstaffing.com

Telephone number (area code & number) Daytime: 414-688-6968 Evening: SAME

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:

N/A Floor Plans (1 full size and 1 reduced to a maximum of 11" x 17")

N/A 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.

Sign is 2 Feet x 10 Feet, is aluminum, and will have a border around it.

This sign was previously approved at 707W. Historic Mitchell St.

Please see attached photo.

6. **SIGNATURE OF APPLICANT:**

  
Signature

Please print or type name Brad Shelson Date 12-10-21

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

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

**SUBMIT**

## 1228 W. Mitchell Street

