

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

| | ORIC NAME OF PROPERTY OR HISTORIC DIST | TRICT: (if known) | |
|--|---|---|---|
| | RESS OF PROPERTY: Sherman B | lud, Milw WI 5321 | 6 |
| Name Addre City: | e(s): 1/S. Hnnette Dixon ess: 3129 N. Sherman T | Blvd / P. D.B. Dx 142 II zip: 53216 | . 53. |
| . 0.0p. | Crea code di Hamber, Dayamo. | , | *************************************** |
| APPL | LICANT, AGENT OR CONTRACTOR: (if different | from owner) | |
| Name | e(s): | | |
| | | | server' |
| | ess: | | erecci |
| Addre | | | enteriorial |
| Addres | ess: | ZIP Code: | ecoboder ² |
| Addres City: Email: | ess:State: | ZIP Code: | |
| Addres City: Email: Teleph | ess:State: | ZIP Code: Evening: | |
| Addres City: Email: Teleph | State: State: Chone number (area code & number) Daytime: ACHMENTS: (Because projects can vary in size all | ZIP Code: Evening: | |
| Address City: Email: Teleph ATTA at 414 | State: State: Chone number (area code & number) Daytime: ACHMENTS: (Because projects can vary in size at 4-286-5712 for submittal requirements) | ZIP Code: Evening: nd scope, please call the HPC Office | |
| Address City: Email: Teleph ATTA at 414 | State: State: Chone number (area code & number) Daytime: ACHMENTS: (Because projects can vary in size at 4-286-5712 for submittal requirements) REQUIRED FOR MAJOR PROJECTS: | ZIP Code: Evening: nd scope, please call the HPC Office building (annotated photos recommended) | |
| Address City: Email: Teleph ATTA at 414 | State: State: Shown a code & number) Daytime: ACHMENTS: (Because projects can vary in size at 4-286-5712 for submittal requirements) REQUIRED FOR MAJOR PROJECTS: Photographs of affected areas & all sides of the Sketches and Elevation Drawings (1 full size an | ZIP Code: Evening: nd scope, please call the HPC Office building (annotated photos recommended) | |
| Address City: Email: Teleph ATTA at 414 | State: State: Shown a code & number) Daytime: ACHMENTS: (Because projects can vary in size at 4-286-5712 for submittal requirements) REQUIRED FOR MAJOR PROJECTS: Photographs of affected areas & all sides of the Sketches and Elevation Drawings (1 full size an A digital copy of the photos and drawings is also | ZIP Code: Evening: nd scope, please call the HPC Office building (annotated photos recommended) | |
| Address City: Email: Teleph ATTA at 414 A. | State: State: Shone number (area code & number) Daytime: ACHMENTS: (Because projects can vary in size at 4-286-5712 for submittal requirements) REQUIRED FOR MAJOR PROJECTS: Photographs of affected areas & all sides of the Sketches and Elevation Drawings (1 full size and A digital copy of the photos and drawings is also Material and Design Specifications (see next page 1). | ZIP Code: Evening: Ind scope, please call the HPC Office building (annotated photos recommended) and 1 reduced to 11" x 17" or 8 ½" x 11") to requested. Evening: | |

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.

| TWO PICTURES. | |
|--|---|
| 1. I would like to have a parking slab | |
| 1. I would like to have a parking slab poured in this area. Labeled 142. | |
| 2. I would like to have the cracked | |
| Cement dabs in front of garage door | |
| Cement slabs in front of garage dor replaced. Labled ,3+4 | |
| 3. Think like to reproved the Cement | |
| Habia and Digited God | |
| water replaced. Also have a 5 to 6 (cha | 3 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| high ferced placed here. To keep my neighbors from putting their trash calds | |
| in front of my agrade as well as 10 | |
| STO THE TANK LIFE WALL OUT THEY VE | ,k |
| door cut over to my. I The oblice can see it someone is hidir signature of applicant: Cabled 4+5 | LSO |
| SIGNATURE OF APPLICANT: | 0 |
| The Contract of the Contract o | |
| Signature Signature Please print or type name Date | |
| Please print or type name 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.

Mail or Email Form to:

6.

Historic Preservation Commission City Clerk's Office 841 N. Broadway, Rm. B1 Milwaukee, WI 53202

PHONE: (414) 286-5712 or 286-5722

hpc@milwaukee.gov

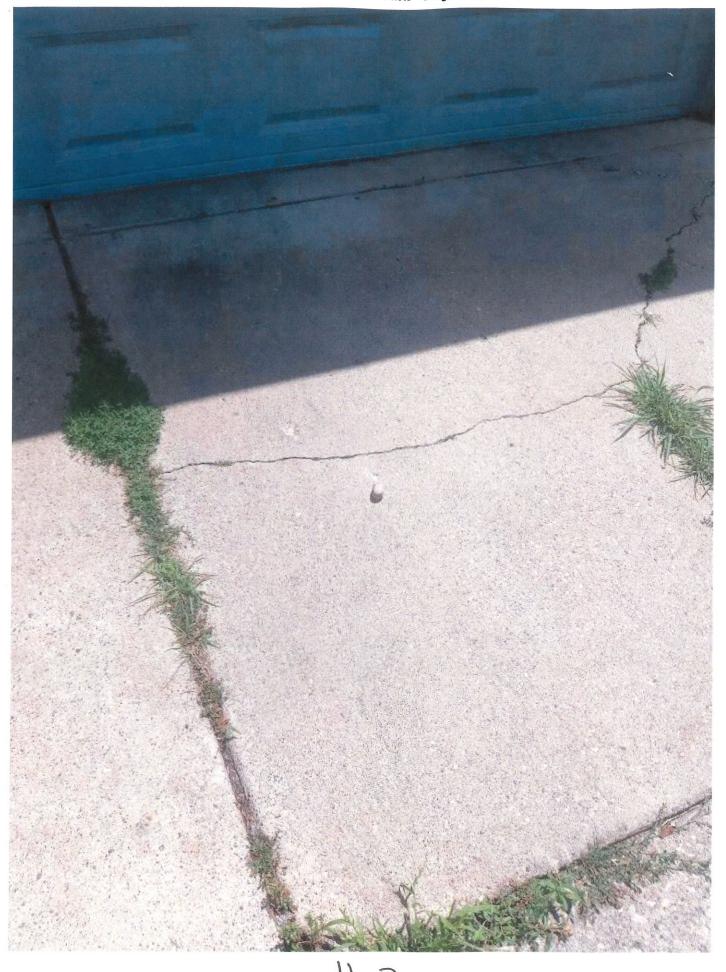
www.milwaukee.gov/hpc

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



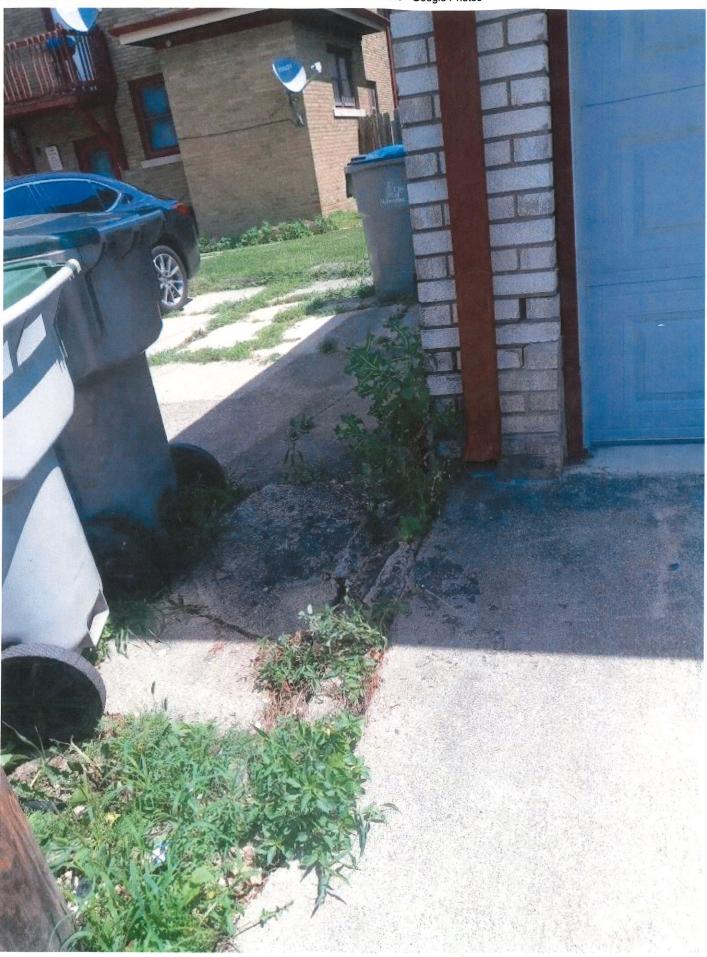












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