

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)
GOLD MANNS DEPART MENT STORE (FORMERLY)
ADDRESS OF PROPERTY:
930 W. HISTORIC MITCHELL STREET

2. NAME AND ADDRESS OF OWNER:

Name(s): PHOENIX MITCHELL, LLC ATTH: RANDY ROTH

Address: 731 N. JACKSON ST SUITE 502

City: MILWAUKEE State: WI ZIP: 53202

Email: randy e end-corp. com

Telephone number (area code & number) Daytime: 414 331.1939 Evening: 5ame

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

Name(s): DEHK AND COMPANY, UC ATTH: KELLY DENK

Address: 1212 E. BURLEIGH ST.

City: MILWAUKEE State: WI ZIP Code: 53212

Email: Kelly edenkand Co. com

Telephone number (area code & number) Daytime: 414.759.7887 Evening: Same

4. ATTACHMENTS: (Because projects can vary in size and scope, please call the HPC Office at 414-286-5712 for submittal requirements)

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 $\frac{1}{2}$ " 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.

A.

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.

A NEW EXIT STAIR HEADING DIRECTLY TO
THE EXTERIOR OF THE BUILDING IS REQUIRED
FOR BUILDING OUT THE LOWER LEVEL OFFICE
SPACE. A NEW 3'-0" X 7'-0" FLUGH INGULATED
STEEL DOOR WILL BE INSTALLED AS SHOWN
IN THE PHOTO'S AND WILL BE PAINTED TO
MATCH THE ADJACENT METAL SIDING.

6. SIGNATURE OF APPLICANT:

Signature

FELLY DENK

Please print or type name

12.14.2022

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:

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.

SUBMIT

TABATE HOI

Ground Floor Plan Pharmacy Existing Dental Existing Clinic MITCHELL STREET 1/16" = 1'-0" _Outpatient + Office Areas Existing ALLEY TOOK EXIT

glovi, bilita - tantala