

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

HISTORIC NAME OF PROPERTY OR HISTORIC DISTRICT: (if known)		
ADDR	ESS OF PROPERTY: Wah! Aux Milwanks Wis 53211	
NAME	AND ADDRESS OF OWNER:	
	s): Ken Waker of Andriuske M. Lell	
Addres	ss: 2409 North Wahl Aur	
	Milweuker State: Wis ZIP 53211	
Email:	Kenwalte @ yakoo.com	
	none number (area code & number) Daytime: 4/46872620 Evening: 4/1-687-2623	
APPLI	CANT, AGENT OR CONTRACTOR: (if different from owner)	
Name(s): LANDVATIUY MARONING LLC // DUSTAGE advers:	
Addres	s): Innovative Masonry LLC Busines advers: s: 12/32 Breat-full B Thiensully War 530	
	Mequer State: Wes ZIP Code: 53097	
Email:	Dustin @ innovative mR. com	
Teleph	one number (area code & number) Daytime: 262 - 238 Evening:	
ATTACHMENTS		
A.	REQUIRED FOR ALL PROJECTS:	
V	Photographs of affected areas & all sides of the building (annotated photos recommended)	
~	Sketches and Elevation Drawings (1 full size and 2 reduced to 11" x 17" or 8 ½" x 11")	
/	Material and Design Specifications (see next page)	
_		
B.	NEW CONSTRUCTION/DEMOLITION ALSO REQUIRES:	
	Floor Plans (1 full size and 1 reduced to 11" x 17")	
	Site Plan showing location of project and adjoining structures and fences	
	Other (explain)	

PLEASE NOTE: YOUR APPLICATION CANNOT BE PROCESSED UNLESS BOTH PAGES OF THIS FORM ARE PROPERLY COMPLETED.

5. **DESCRIPTION OF PROJECT:**

Describe all existing features that will be affected by proposed work. Please specify the condition of materials, design, and dimensions of each feature (additional pages may be attached)

Photo No. Drawing No.

₿. Describe all proposed work, materials, design, dimensions and construction technique to be employed (additional pages may be attached)

Photo No

SIGNATURE OF APPLICAN 6.

Signåture

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 Form to: Historic Preservation Division Department of City Development 809 North Broadway - 1st Floor Milwaukee, WI

or

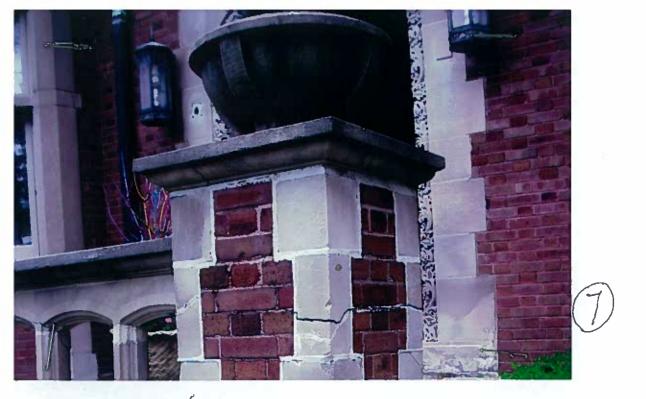
Mail Form to: Historic Preservation Division Department of City Development 1st floor Milwaukee, WI 53202-3617

PHONE: 414.286-5712

FAX: 414. 286-0232

www.mkedcd.org/planning/historic

Drawing #1 Bedford Stane. w w inset cross sulan: Drawing #2 Soil line Looking get ortal down to front wall 4" cement poured ave Some at base of railing as in original



The corner pillurs have structural Oracks from the Forward princing of will needs to the subscult but we will en down to priserve the caps of blower poles to give the



square

(8)