

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

HISTO RESERVA	SION	CATE OF APPROPRIATENES implete applications will not be processed Please print legibly.	d for Commission review	ley " sy
<i></i>		ROPERTY OR HISTORIC DISTRICT: (if kni	own)	bo ill.
1;	DDRESS OF PROPER 300 Brady Street	TY:		
Ň	AME AND ADDRESS (
Na	ame(s): JWK Managemen	nt LLC	,	
Ac	idress: 1224 E. Brady St	reet	The state of the s	
Cit	ty: Milwaukes	State: WI	ZIP 53202	
		ent enter in Promotoria i complete a se sententi i complete a se		
				•
Adı	dress: 11280 W. Lincoin /	Ave.		
Telephone number (area code & number) Daytime: 3. APPLICANT, AGENT OR CONTRACTOR: (if different Name(s): Signs By Tornorrow Address: 11280 W. Lincoin Ave.		ZIP Code: <u>53227</u>		
Tel	ephone number (area c	code & number) Daytime: 414-328-8939	Evening: 262-853-6678	
AT	TACHMENTS			
A.	REQUIRED FOR	ALL PROJECTS:	†p	
****		ected areas & all sides of the building (anno	talad nhetes	
*		ation Drawings (1 full size and 2 reduced to		
		n Specifications (see next page)	11 x 1/" of 8 ½" x 11")	
		TION/DEMOLITION ALSO REQUIRES:		
В.				
В.	4			
В.	Floor Plans (1 full s	size and 1 reduced to 11" x 17")		
В.	Floor Plans (1 full s	ocation of project and adjoining structures a		
В.	Floor Plans (1 full s	ocation of project and adjoining structures a		

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

6/10/10

		condition of Wate	ting features that will be crials, design, and dime	affected by proposed work. Please specify the insions of each feature (additional pages may be		
		Photo No.	D	Prawing No.	. İ	
	В,	Describe all proposed work, materials, design, dimensions and construction technique to be employed (additional pages may be attached)				
	İ	Install new - accord	ling to attached drawing			
		Photo No.	_	Drawing No.		
_	Signatui	URE OF APPLIC	ANT: Port			
İ	Daniel B Print or t	ruk ype name	Date	11/17/11		
advance	of the n	- 115VI 113(O) C C G	servation Commission i considered by the Com	by 12:00 noon on the deadline date established to b Meeting. Any information not provided to staff in mission during their deliberation. Please call if you	e	
Historic F City Cleri	Preserva K's Offic /ells St.	Mail Form to: ution Commission e Room B-4				
PHONE:	(414) 2	86-5722	FAX: (414) 286-3004	www.milwaukee.gov/hpc		
6/10/10						

5.

DESCRIPTION OF PROJECT:

Proof: 5 - WEST SIDE

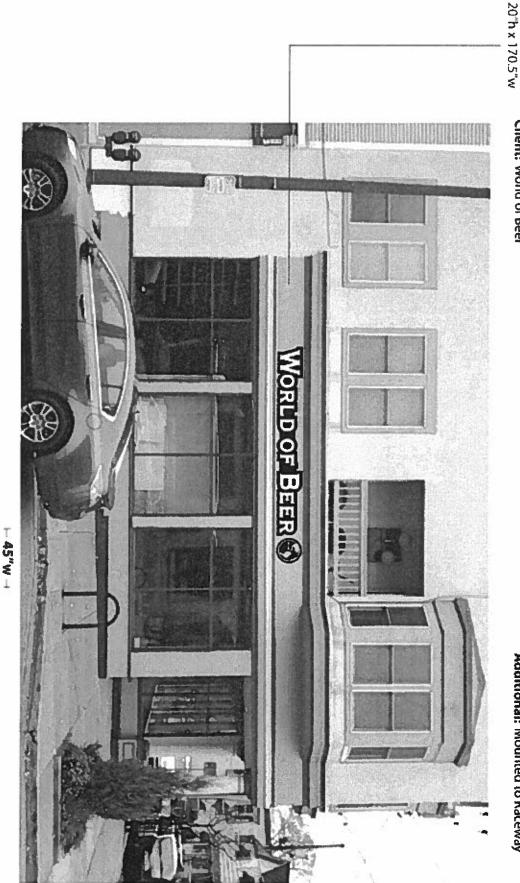
Product: LED Backlit Channel Letters

Qty:

Color: Black, White & PMS 116C Yellow

Additional: Mounted to Raceway

Client: World of Beer invoice#: TBD



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Item#: 1 **Proof: 2 - SOUTH SIDE**

Product: LED Backlit Channel Letters

Color: Black, White & PMS 116C Yellow

Additional: Mounted to Raceway

Client: World of Beer Invoice#: TBD

20"h x 170.5"w



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