



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)

Brady Street Historic District

ADDRESS OF PROPERTY:

728 E. Brady Street

2. NAME AND ADDRESS OF OWNER:

Name(s): Alaa Musa

Address: 728 E. Brady

City: Milwaukee

State: WI

ZIP 53202

Email:

Telephone number (area code & number) Daytime:

Evening:

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

Name(s): James French

Address: 5028 N. Lake Drive

City: Whitefish Bay

State: WI

ZIP Code: 53217

Email:

Telephone number (area code & number) Daytime: 414-234-0299

Evening:

4. ATTACHMENTS

A. REQUIRED FOR ALL PROJECTS:

xxxx Photographs of affected areas & all sides of the building (annotated photos recommended)

xxxxx Sketches and Elevation Drawings (1 full size and 2 reduced to 11" x 17" or 8 1/2" x 11")

Material and Design Specifications (see next page)

B. NEW CONSTRUCTION/DEMOLITION ALSO REQUIRES:

xxxxx Floor Plans (1 full size and 1 reduced to 11" x 17")

xxxxx 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. _____

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

We propose to add a new deck at the second level of the restaurant. Approx size is 34' x 34'. The detailing of the railing is the same as the approved railing for the adjacent deck. The columns will complement the new columns and the cornice will be slightly simpler; but will complement the approved detail. The deck will cover the parking lot to the west and complete the grade of the building.

6.

SIGNATURE OF APPLICANT.

Signature _____

James French 3-30-2012

Print or type name

Date

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

PHONE: (414) 286-5722

FAX: (414) 286-3004

www.milwaukee.gov/hpc