

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)					
	ADDRESS OF PROPERTY: 2589 N Terrace Ave						
2.	NAME AND ADDRESS OF OWNER: Name(s): Mathic Peters						
	Address: 2589 N Terrace Ave	The state of the s					
	City: Milwaukee State: WL	ZIP. 5321					
	Email: Natalier peters Dyahoo. Com						
	Telephone number (area code & number) Daytime: 200-4	83-5838 Evening: Samc					
		naste Carlonia II. na teoretziak di Aktoriak II. na teoretziak 1987 Martin II. na eta eta eta eta eta eta eta eta eta et					
3.	APPLICANT, AGENT OR CONTRACTOR: (if different from owner)						
· ·	Name(s):						
	Address:						
	City; State:	ZIP Code:					
	Email:						
	Telephone number (area code & number) Daytime:	Evening:					
<ol> <li>ATTACHMENTS: (Because projects can vary in size and scope, please call the HPC at 414-286-5712 for submittal requirements)</li> </ol>							
	A. REQUIRED FOR MAJOR PROJECTS:						
	Photographs of affected areas & all sides of the build	ding (annotated photos recommended)					
	Sketches and Elevation Drawings (1 full size and 1 r A digital copy of the photos and drawings is also rec						
	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" × 17")					
	Site Plan showing location of project and adjoining s	tructures and fences					
		OT BE PROCESSED UNLESS M ARE PROPERLY COMPLETED					

6/22/12

## 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.

See attached

6.	SIGNA	TURE	OF A	PPL	ICANT	٠

Signature

Please print or type name

7/25/13

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 53202

PHONE: (414) 286-5722

FAX: (414) 286-3004

www.milwaukee.gov/hpc

Medical College of Wiscon A WORK 13)4×45
TLEATED 1/2 Bids Math Noth 36 x8"/ LAg Goth Constal

GANGY KANG Extigory's Between