



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)

BANK OF MILWAUKEE

ADDRESS OF PROPERTY:

210 E Michigan ST. , MILWAUKEE WI 53202

2. NAME AND ADDRESS OF OWNER:

Name(s): GRAND AVENUE CLUB

Address: 210 E. MICHIGAN ST

City: MILWAUKEE

State: WI

ZIP: 53202

Email: development@grandavenueclub.org

Telephone number (area code & number) Daytime: 414-727-3361 Evening: 262-388-3137

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

Name(s): Cardinal Fabricating Corporation

Address: P.O. Box 07483

City: Milwaukee

State: WI

ZIP Code: 53207

Email: _____

Telephone number (area code & number) Daytime: 414-744-9700 Evening: _____

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

A. 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 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.**

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.

GAC is responding to a fire escape investigation that deemed it unsafe for use. The proposed solution from TDI Associates calls for removing the 2 stair flights with stringers and treads. There will be additional bracing displayed in the drawings but will tie in with the existing fire escape.

City #93499

6. SIGNATURE OF APPLICANT:

Signature

CARL LOCKREM

Please print or type name

Date

3/25/14

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

