



CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.
Please print legibly.

*sent to HPC
11/5/14*

1. HISTORIC NAME OF PROPERTY OR HISTORIC DISTRICT: (if known)

Downer Lakeview Commons

ADDRESS OF PROPERTY:

2524 E. Webster Place, Milwaukee, Wisconsin

2. NAME AND ADDRESS OF OWNER:

Name(s):

Downer Avenue Development LLC

Address:

788 N. Jefferson Street, Suite #800

City:

Milwaukee

State: WIS

ZIP: 53202

Email:

phyllis@pentagonllc.com

Telephone number (area code & number) Daytime: 414.224.5070

Evening: n/a

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

Name(s):

Shoreview Pediatrics, S.C.

Address:

2524 E. Webster Place, Suite #301

City:

Milwaukee

State: WIS.

ZIP Code: 53211

Email:

svpeds@att.net

Telephone number (area code & number) Daytime: (414) 272-7009

Evening: n/a

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.

See attached, thanks.

Gail Oninski

LMS sign will be hired to move the existing "Downer Lakeview Commons" sign to the 3rd floor and then install a new exterior sign for "Shorenew Pediatrics S.C." the sign will be identical to the existing sign.

6. SIGNATURE OF APPLICANT:

Gail Oninski

Signature

Gail Oninski

Please print or type name

11.3.14

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

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.

SCOPE OF WORK:

Remove and relocate the existing sign for DOWNER LAKEVIEW COMMONS to the second level as shown on drawing. The sign will not be altered in any way.

Manufacture and install an all new sign for SHOREVIEW PEDIATRICS in exactly the same style. The Alum. .090 cabinet single sided will be 1.5" deep and painted Duranodic bronze. The letters and bars are routed out of .125 alum. and painted with Matthews Brushed alum. finish. Letters are adhered to the face panel w/ studs. This sign will then be installed in the prior location where DOWNER LAKEVIEW COMMONS was.

There is NO ILLUMINATION INVOLVED.

This matches all signs currently at this location.

6. **SIGNATURE OF APPLICANT:**

Gault 11.3.14
Signature

Please print or type name

Date

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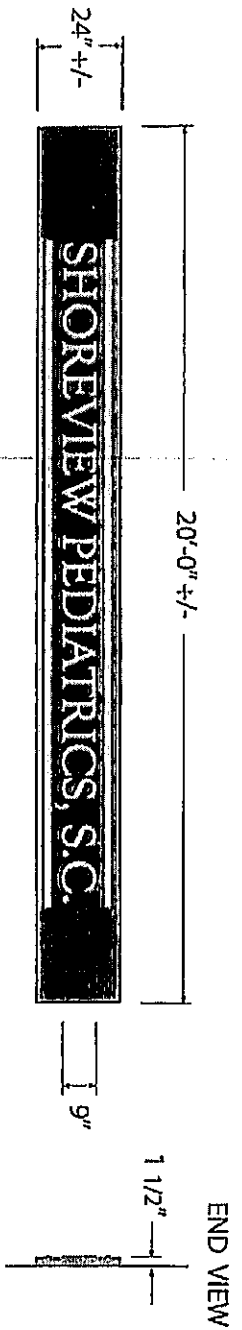
FAX: (414) 286-3004

www.milwaukee.gov/hpo

8/22/12

SUBMIT

DESIGN CONCEPT



END VIEW

A

Fabricated Aluminum Wall Sign

Non-Lit

Quantity: One (1)
Letters: 1/8" thick Aluminum

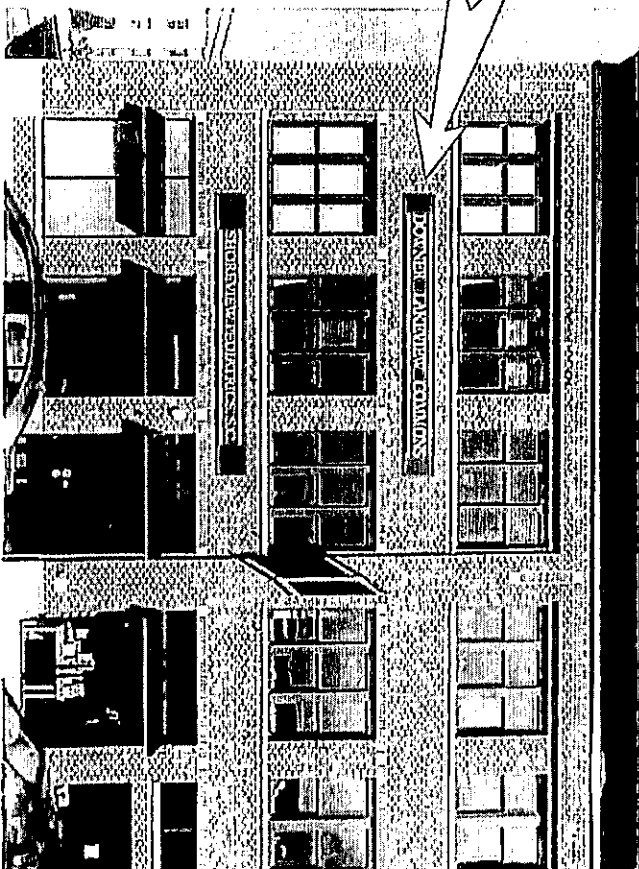
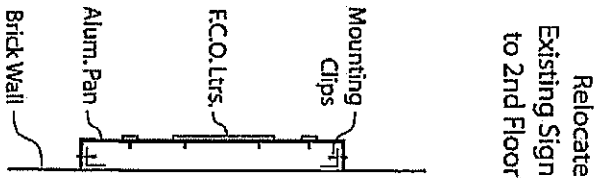
Stud Mounted

Background Pan: Fabricated Aluminum

1.5" deep

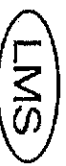
Paint: Dark Bronze

Mounted w/ clips - (hidden fasteners)



FIELD SURVEY REQUIRED PRIOR TO PRODUCTION
- BUILDING DIMENSIONS TO BE FIELD VERIFIED PRIOR TO PRODUCTION.

ATTENTION: PROOF ALL DRAWINGS CAREFULLY. IT IS THE RESPONSIBILITY OF THE CUSTOMER TO APPROVE COLOR, STYLE, SHAPE, PROPORTION OF GRAPHICS AND LOGOS, AND SPELLING OF TRADEMARKS AND SERVICEMARKS



LMS Sign & Electrical Service

4811 W. WOODBURN AVENUE - MILWAUKEE, WI 53218

T 414 682 3535 F 414 760 0474

PROJECT / LOCATION:

SHOREVIEW PEDIATRICS

2524 WEBSTER PLACE

MILWAUKEE, WI

ACCOUNT REP: MARY KOWALSKI

PROJECT MANAGER:

DRAWN BY: MM

DATE: 10.16.14

SCALE: N.T.S.

SHEET #: 1 of 1

DESIGN ORDER #: 0000

FILE NAME: SHOREVIEW_PED_rev1

REVISIONS: Opt "B" 10.30.14


Drawn To: The Following Address
Address: 2524 Webster Place
City: Milwaukee, WI 53218
Refer To Project Samples For Exact Color & Size

CLIENT APPROVAL DATE:

This original drawing is provided as part of a printed project and is not to be reprinted, copied or reproduced without the written permission of LMS Sign Service, or its authorized agent.
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www.lmsinc.com

By: Phyllis M. Resop
Phyllis M. Resop, President

 LMS Sign & Electrical Service 4311 W. Vondra Drive • Milwaukee WI 53214 Tel: 414-252-5635 • Fax: 414-252-5474	PROJECT LOCATION:	ACCOUNT REP: MARY KOWALSKI	DATE: 10.16.11	REVISIONS	The original was prepared by [Name] and checked by [Name]. I hereby certify that the work shown on this drawing complies with the requirements of the applicable codes and standards. Date: 10/16/11 Signature: [Signature] License No.: [Number]
	SHOREVIEW PEDIATRICS	PROJECT MANAGER:	SCALE: N.T.S.		
	DOWMYER AVE.	DRAWN BY: MAI	SHEET # 1 of 1		
	MILWAUKEE, WI	DESIGN NUMBER: 0000	FILE NAME: SHOREVIEW.PED		