

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) HISTORIC MITCHELL STREET
	ADDRESS OF PROPERTY: 811 W. Historic Mitchell Street, Milwankee 5320
2.	NAME AND ADDRESS OF OWNER:
	Name(s): Gregory Reyes
	Address: 811 W. Historic Mitchell Street
	City: Milwaukee State: W/ ZIP: 53204
	Email: reycoexpress@ gmail.com
	Telephone number (area code & number) Daytime: $269-9262$ Evening: $404-849-1481$ (Cell)
3.	APPLICANT, AGENT OR CONTRACTOR: (if different from owner)
s. C	Name(s): LVONE Reyes Manager
	Address: 211 W. Historic Mitchell Street
	City: Milwauke State: W/ ZIP Code: 53204
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	Telephone number (area code & number) Daytime: $249 - 9262$ Evening: $245 - 6426$
	Telephone number (area code & number) Daytime: <u>NOT TNOS</u> Evening: <u>NOT NOS</u> (Cell)
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:
394	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 ½" x 11") A digital copy of the photos and drawings is also requested.
ж	Material and Design Specifications (see next page)
,	B. NEW CONSTRUCTION ALSO REQUIRES:
)A.	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

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

6/22/12

PLEASE NOTE:

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.

Perattached photoAcrylic 1413 Sign Letters (red and blue), 1/2 inch thickness
Type Style: Optima Semi-Bold,
all Caps.

Sign Size: 10 long x 15 tall.
Non-Illuminated sign.

6. SIGNATURE OF ARPLICANT:

signature M. Rev.

Please print or type name

12-1-2014

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



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