

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

ADDI	RESS OF PROPERTY:		
	3109-3111 N.S	SHRUMAN BLUD	
NAM	E AND ADDRESS OF OWNER e(s): FREDERICE O	R: 10 [10 = 1	
Name	e(s): FREDERICE C	a. JACKDON	
Addre	ess: 4615 N. 4	State: No. Com State: No. Com State: No. Com Alt mber) Daytime: 233-24	
City:	milw.	State: State:	ZIP: 33209
Fmail	FREDERICK GLACKS	OND YAHOO. COM	\
- 1		414	-62_ 3(6-9)
гегер	none number (area code & nur	mber) Daytime:	Evening:
۸ DDI	ICANT AGENT OF CONTRA	CTOR: (if different from owner	
Name	e(s):		
Addre	, ec.		
City:_		State:	
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Email	:	State:	ZIP Code:
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Email Telep ATTA at 414	: hone number (area code & num CHMENTS: (Because projects 4-286-5712 for submittal require REQUIRED FOR MAJOR P Photographs of affected area	State: mber) Daytime: s can vary in size and scope, plements) PROJECTS:	ZIP Code: Evening: ease call the HPC Office
Email Telep ATTA at 414	: hone number (area code & num CHMENTS: (Because projects 4-286-5712 for submittal require REQUIRED FOR MAJOR P Photographs of affected area Sketches and Elevation Dray	State: mber) Daytime: s can vary in size and scope, plements) ROJECTS: as & all sides of the building (an	ZIP Code: Evening: ease call the HPC Office notated photos recommende to 11" x 17" or 8 ½" x 11")
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PLEASE NOTE: YOUR APPLICATION CANNOT BE PROCESSED UNLESS BOTH PAGES OF THIS FORM ARE PROPERLY COMPLETED AND SIGNED.

