

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

ŀ	HISTORIC NAME OF PROPERTY OR HISTORIC DISTRICT: (if known)
	ADDRESS OF PROPERTY:
n A	NAME AND ADDRESS OF OWNER: Name(s): ROTH WHITMAN GROUP / AMANDA BROWN Address: 300 N LASALLE ST
C	City: CHICALO State: IL ZIP: 60654
E	Email: RUTHWHITMAN @ GMAILICOM
Т	elephone number (area code & number) Daytime: 414 397 1694 Evening: 5 am 6
	PPLICANT, AGENT OR CONTRACTOR: (if different from owner)
Ν	lame(s): Sottal Donsay
Д	ddress: 301 E GARFIELD
C	ity: WILWAUKEE State: WT ZIP Code: 53212
E	mail: ROTHWHITMADE GMAIL.COM
Т	mail: ROTH WHITMANCE GMAIL.COM elephone number (area code & number) Daytime: 397 1694 Evening: 50m 6
	TTACHMENTS: (Because projects can vary in size and scope, please call the HPC Office t 414-286-5712 for submittal requirements)
Α	. REQUIRED FOR MAJOR PROJECTS:
20000000	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.
707594852486	Material and Design Specifications (see next page)
В	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
	2.12 Showing loods of project and adjoining disdotales and leffees

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.

ADD A DIRECT UENT FIREPLACE TO LIVING
ROOM. VENTED TO EXTERIOR WALL (EAST SIDE
OF HOUSE ON ALLEY SIDE) FIREPLACE WILL
BE HIGH EFFICENCY NATURAL GAS UNIT.
EXTERIOR UENT WILL BE TRIMMED WITH
5/4 x 5" MATERIAL TO MATCH WINDOWS.

6. SIGNATURE OF APPLICANT:

Signature

Sortwattan U Please print or type name

Da

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