



CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

*Per CWP
8/3/15*

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

Pryor Avenue Iron Well

ADDRESS OF PROPERTY:

Pryor Avenue between Superior Street and Wentworth Avenue

2. **NAME AND ADDRESS OF OWNER:**

Name(s): City of Milwaukee, Milwaukee Water Works, Superintendent Carrie Lewis

Address: 841 North Broadway, Room 409

City: Milwaukee

State: WI

ZIP: 53202

Email: carrie.lewis@milwaukee.gov

Telephone number (area code & number) Daytime: (414) 286-2801

Evening: _____

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

Name(s): Bay View Historical Society

Address: 2590 South Superior Street

City: Milwaukee

State: WI

ZIP Code: 53207

Email: bayviewhistoricalsociety@gmail.com

Telephone number (area code & number) Daytime: (414) 481-3369

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.

Bay View Historical Society would like to attach a metal landmark plaque (7" w x 4" h) to the metal door of the Pryor Avenue Iron Well metal door (13" w x 31" h) that gives access to the mechanicals of the well. There are four screws that would be used on each of the corners to secure the plaque.

This is a re-dedication of the well after restoration in 2014-15.

Thank you for considering our request to re-establish this landmark with a plaque that reminds the community of the value of this well and its history. We do appreciate the collaboration between the City of Milwaukee, Dept. of Public Works/Water Works and Historic Preservation, as well as Alderman Tony Zielinski.

6. SIGNATURE OF APPLICANT:

Carrie Lewis
Signature

Carrie Lewis, Superintendent
Please print or type name

7/31/15
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

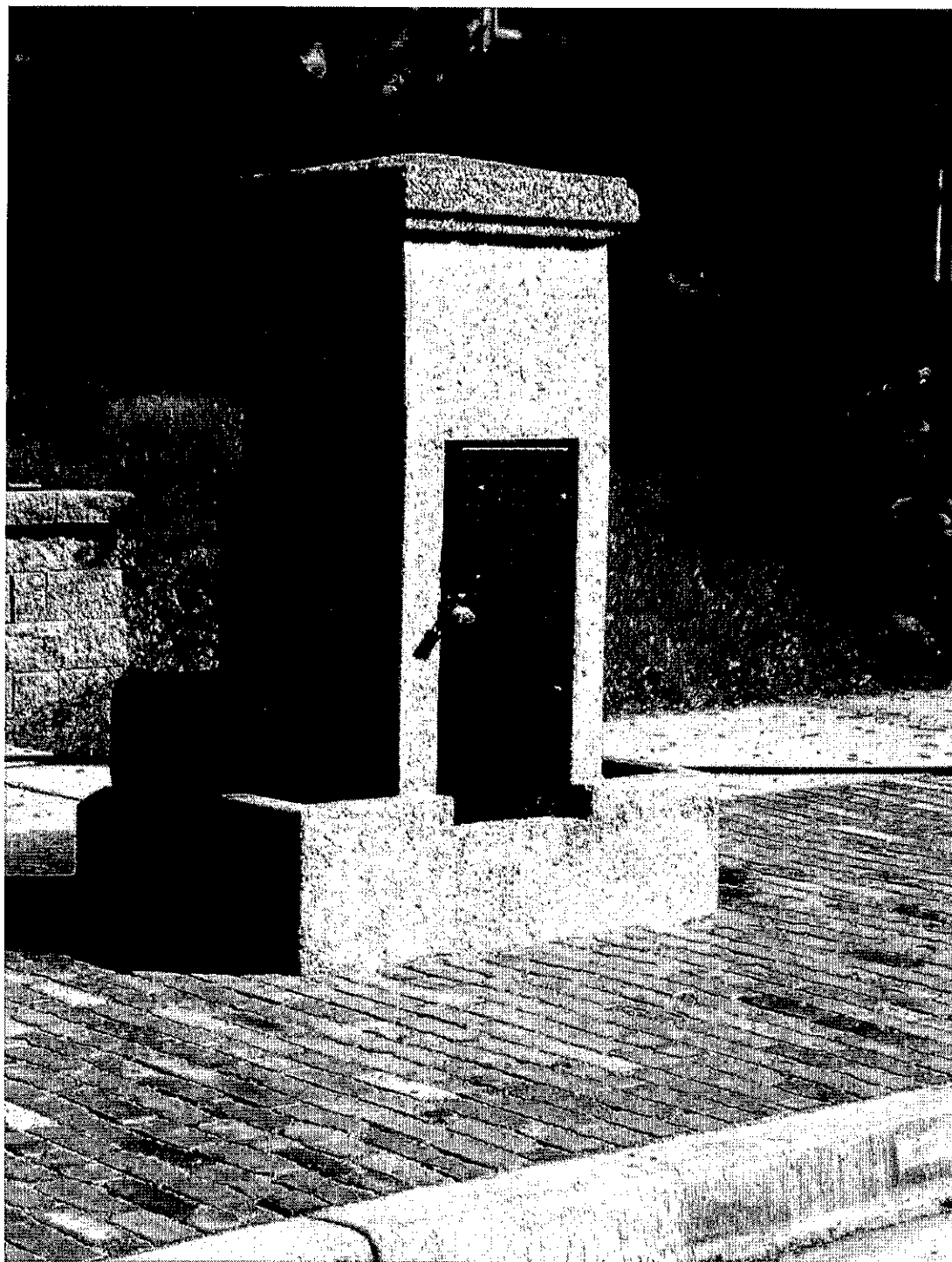
PHONE: (414) 286-5722

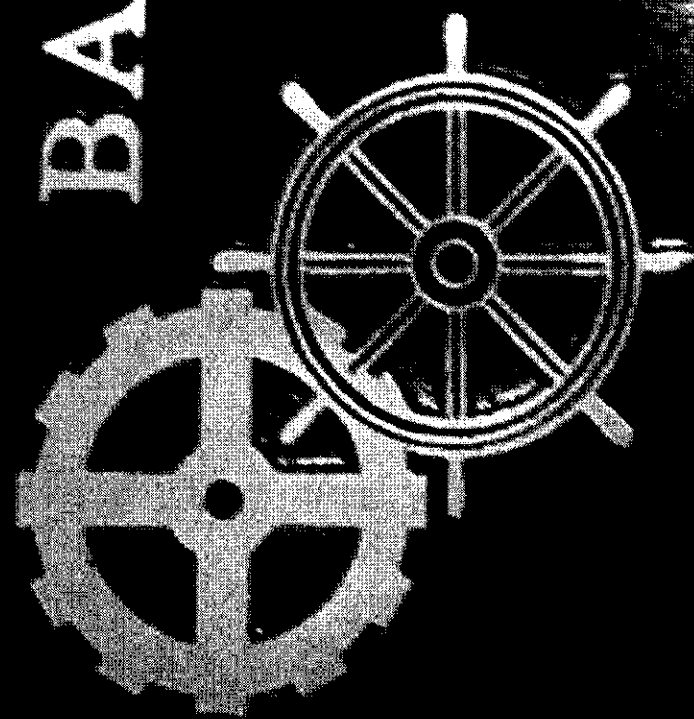
FAX: (414) 286-3004

www.milwaukee.gov/hpc

Or click the **SUBMIT** button to automatically email this form for submission.

SUBMIT





BAY VIEW HISTORICAL SOCIETY

HISTORIC LANDMARK