

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

	Schuster Mansion Bed & Breakfast RESS OF PROPERTY:	
3	3209 W. Wells Road	
	IE AND ADDRESS OF OWNER:	
	e(s): Laura Sue Mosier	
	ess: 3209 W. Wells 5+	
City:	Milwaukee State: WI ZIP: 5	3208
Email:	11: Welcome @ schustermansion com	000000
Teleph	ohone number (area code & number) Daytime: 847. 338.)365 Evening:	77000000000000000000000000000000000000
APPL	LICANT, AGENT OR CONTRACTOR: (if different from owner)	
Name	e(s):	***************************************
Addre	ess:	
City:	State: ZIP Code:	
Email:	il:	
Teleph	ohone number (area code & number) Daytime: Evening:	***************************************
	ACHMENTS: (Because projects can vary in size and scope, please call the HP	C Office
	4-286-5712 for submittal requirements)	
	4-286-5712 for submittal requirements)	
at 414	4-286-5712 for submittal requirements) REQUIRED FOR MAJOR PROJECTS:	recommended
at 414	4-286-5712 for submittal requirements) REQUIRED FOR MAJOR PROJECTS: Photographs of affected areas & all sides of the building (annotated photos recommend)	
at 414 A.	4-286-5712 for submittal requirements) REQUIRED FOR MAJOR PROJECTS:	
at 414 A.	4-286-5712 for submittal requirements) REQUIRED FOR MAJOR PROJECTS: Photographs of affected areas & all sides of the building (annotated photos r Sketches and Elevation Drawings (1 full size and 1 reduced to 11" x 17" or 8	
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A. X	A-286-5712 for submittal requirements) REQUIRED FOR MAJOR PROJECTS: Photographs of affected areas & all sides of the building (annotated photos r Sketches and Elevation Drawings (1 full size and 1 reduced to 11" x 17" or 8 A digital copy of the photos and drawings is also requested. Material and Design Specifications (see next page)	

<u>BOTH PAGES</u> 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 attach
new perament sign

6. SIGNATURE OF APPLICANT:

Signature Sus Morsin

Laura Sue Mosier

Please print or type name

9-2-13

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







