

## CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

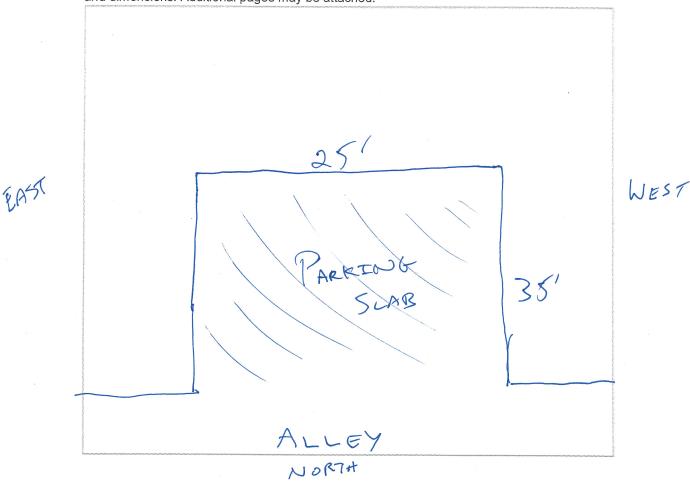
Please print legibly.

| אטטא   | ESS OF PROPERTY:  32/6-18 W. Mckinley Bwd.  |
|--------|---|
| NAME   | AND ADDRESS OF OWNER:   |
| Name(  | (s): STRONG BLOCKS MICHAYICEE, LLC  |
| Addres | SS: 710 N. PLANKINTON AVE., SUITE 710   |
| City:  | MOWALKEE State: WI ZIP: 53203   |
| Email: | INFO@ STROWGBLOCKS, COM   |
| Teleph | one number (area code & number) Daytime: 414-236-4113 Evening:  |
|        |   |
| APPLI  | CANT, AGENT OR CONTRACTOR: (if different from owner)  |
| Name(  | s): CARL QUINDEL  |
| Addres | SS: SAME AS ABOVE   |
| City:  | State: ZIP Code:  |
|        | CARL @ STROWBLOCKS COM  |
|        | one number (area code & number) Daytime: Evening:   |
|        | Lvoiling.   |
|        | CHMENTS: (Because projects can vary in size and scope, please call the HPC Office   |
|        | 286-5712 for submittal requirements)  |
| A      | REQUIRED FOR MAJOR PROJECTS:  |
| ~      | Photographs of affected areas & all sides of the building (annotated photos recommend   |
|        |   |
|        | 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. |
|        |   |
| В.     | A digital copy of the photos and drawings is also requested.  |
| В.     | A digital copy of the photos and drawings is also requested.  Material and Design Specifications (see next page)                                    |

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.



6. SIGNATURE OF APPLICANT:

Signature

Please print or type name

CARL QUINDER

9/10/15 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













