

## CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

| lioing with history |   |                            |                               |                                    |  |
|---------------------|---|----------------------------|-------------------------------|------------------------------------|--|
| 1.                  | HISTORIC NAME OF PROPERTY OR HISTORIC DISTRICT: (if known)  |                            |                               |                                    |  |
|                     | 4000  |                            |                               |                                    |  |
|                     | ADDR  | ESS OF PROPERTY:           |                               |                                    |  |
| 2.                  | NAME AND ADDRESS OF OWNER:  |                            |                               |                                    |  |
|                     | Name(   | s):                        |                               |                                    |  |
|                     | Addres  | ss:                        |                               |                                    |  |
|                     | City:   |                            | State:                        | ZIP:                               |  |
|                     | Email:  |                            |                               |                                    |  |
|                     | Teleph  | one number (area code & nu | umber) Daytime:               | Evening:                           |  |
| 3.                  | APPLICANT, AGENT OR CONTRACTOR: (if different from ownerD   |                            |                               |                                    |  |
| <b>J</b> .          | Name(s):  |                            |                               |                                    |  |
|                     |   |                            |                               |                                    |  |
|                     | Addres  | SS:                        |                               |                                    |  |
|                     | City:<br>Email:   |                            | State:                        | ZIP Code:                          |  |
|                     |   |                            |                               |                                    |  |
|                     | Teleph  | one number (area code & nu | umber) Daytime:               | Evening:                           |  |
| 4.                  | <b>ATTACHMENTS:</b> (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 ar | eas & all sides of the buildi | ing (annotated photos recommended) |  |
|                     | Sketches and Elevation Drawings (1 full size and 1 reduced to 11" x 17" or 8 ½" x 11'<br>ÁWWWWXXZ&ã ãz;ÁS[]^Á;Ác@Á; @ ( • Ás) åÁs¦æ, ã, * • Ás Ás; [Á^~~^• c^åÈ |                            |                               |                                    |  |

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:  V^  Á • Á, @æcÁ [ ˇÁ æ) cÁ[ Áů[ ĚČÔ^ • & ãò Áæ þÁ, ¦ [ ] [ • ^ å Á, [ ¦\ Áā, &  ˇ åā, * Á, æc^ ¦ ãæ þ É& ^ • ā } ÉÁ æ) å Áůā ( ^ } • Ã; } • ĚŌã å ãã, } æþÁ, æð ^ • Á; æ Áa ^ Áææææ @ åÈ |  |  |  |  |
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| 6. | SIGNATURE OF APPLICANT:   |  |  |  |  |
|    | Signature   |  |  |  |  |
|    | P ^æ-^Á  rint or type name 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, WIÁ HŒG

PHONE: (414) 286-5722 FAX: (414) 286-3004 www.milwaukee.gov/hpc

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