

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

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

ADD	RESS OF PROPERTY: 7/8 E. Well & Milwaul
NAM	E AND ADDRESS OF OWNER:
Namo	e(s): BICAN CARR
Addr	ess: 2032 N. Summit Ave
City:	MIJUAULL State: UL ZIP: 53211
∃mai	: DKClarkowitr.com
Telep	hone number (area code & number) Daytime: 332-6654 vening: 581-7
	•
APPL	LICANT, AGENT OR CONTRACTOR: (if different from owner)
lame	e(s): Chuffel
ddre	ess: 5/67 S-55th 87
ity:_	MINAULL State: ZIP Code: 532/9
Email	: Schwarcow, rr. com
elen	hone number (area code & number) Daytime: 414-614 Evening: SAMC
	6454
t 414	CHMENTS: (Because projects can vary in size and scope, please call the HPC Office -286-5712 for submittal requirements)
•	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 $\frac{1}{2}$ " x 11") A digital copy of the photos and drawings is also requested.
	Material and Design Specifications (see next page)
	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.

A New SISM.

6/21/16

e-maic

whitenment

Twm

NATERINEZ

6. SIGNATURE OF APPLICANT

Signature, -

Please print 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, WI 53202

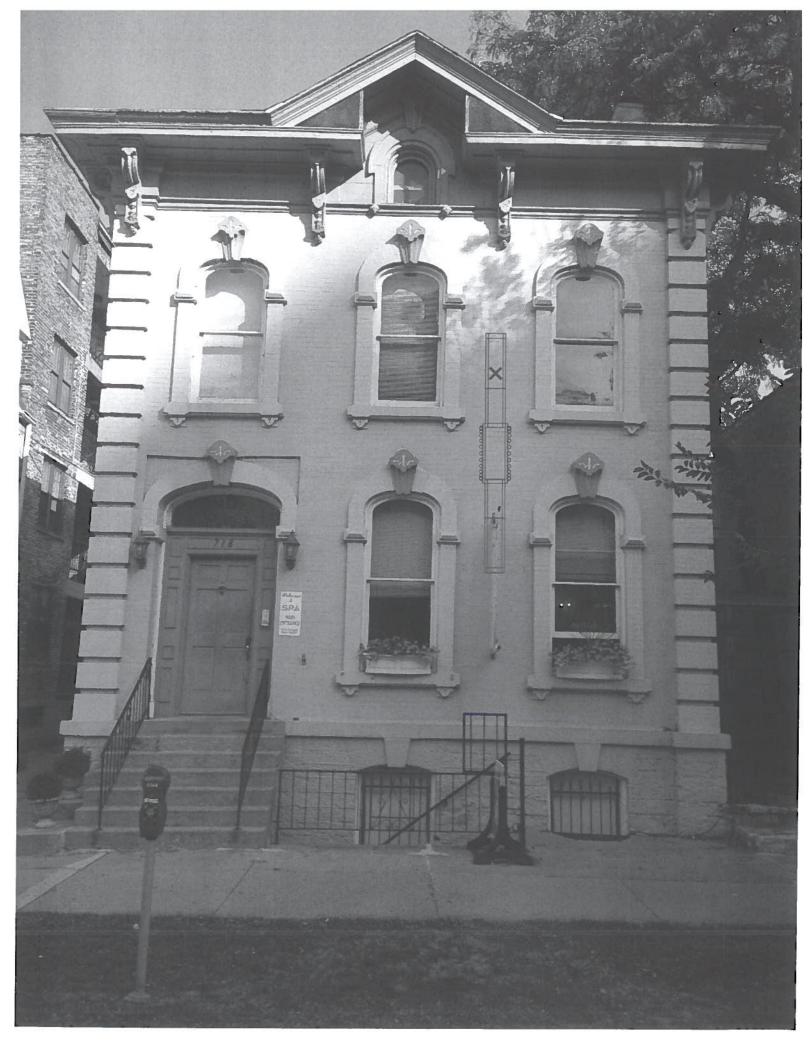
PHONE: (414) 286-5722

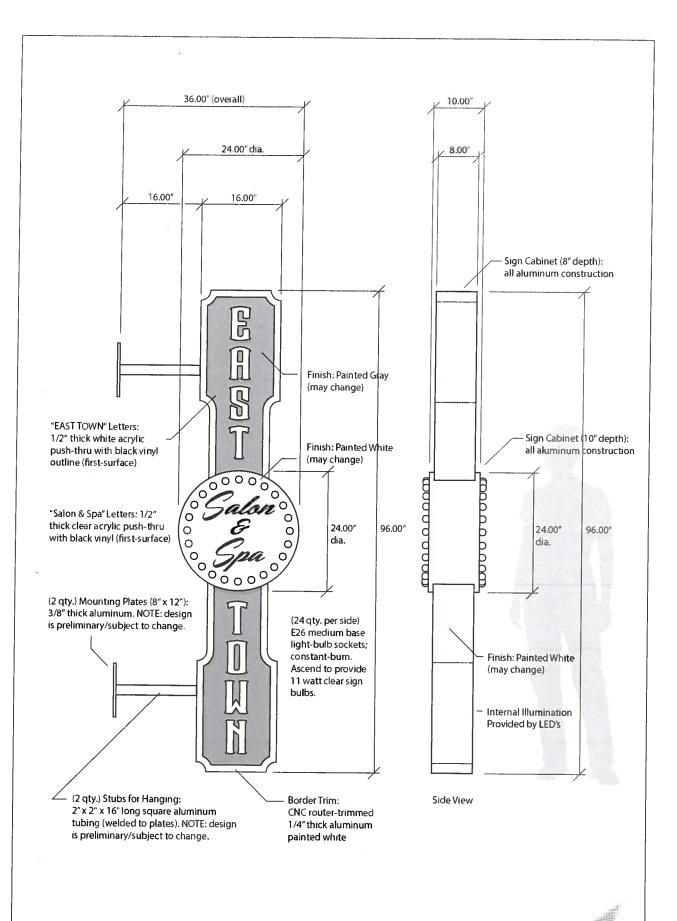
FAX: (414) 286-3004

www.milwaukee.gov/hpc

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

SUBMIT





EAST TOWN Salon & Spa Outdoor Illuminated Double-Face Sign A S C e N d d e S i g N
atchitectural - interior - inte