

## CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

1.	Grant Blud Historic District								
	ADDRESS OF PROPERTY:			WI. 53210					
2.	NAME AND ADDRESS OF OWNER:								
	Name(s): Rashad Mattex and Tracy Debois								
	Address: Same as above								
	City:	State:	ZII	P: (1.4.5.4.5.4.5.4.5.4.5.4.5.4.5.4.5.4.5.4.					
	Email: Orprofessiona 5 @hotmail.com								
	Telephone number (area code & number) Daytime: (414)416-8220 Evening: _Some								
3.	APPLICANT, AGENT OR CONTRACTOR: (if different from owner)								
	Name(s):								
	Address:								
	City:	State:	ZII	P Code:					
	Email:								
	Telephone number (area code &	k number) Daytime:	***************************************	vening:					
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 ½" 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 a	Floor Plans (1 full size and 1 reduced to a maximum of 11" x 17")							
	Site Plan showing locati	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.	DEC	CRIPT	IAAL	OF	DDO	IFOT.
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Tell us what you want to do. Describe all proposed work including materials, design, and dimensions. Additional pages may be attached.

Odd/install privacy fence between neighbors house and my house. The fence is dog eared and approximately between 5' and 6' tall.

6. SIGNATURE OF APPLICANT:

Signature

Rashad Mattax
Please print or type name

7/27/16

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