

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) HISTORIC MITCHELL STREET
ADDRESS OF PROPERTY: 705-707 W. Historic Mitchell Street - MILW.

2. NAME AND ADDRESS OF OWNER:

Name(s): FRANK KOUTRAS
Address: 2741 N. Downer Avenue
City: Milwaukee State: WI ZIP 53211
Daytime telephone number (area code & number): 414-964-6891
Evening telephone number (area code & number): (same)

3. APPLICANT, AGENT OR CONTRACTOR: (if different from owner)

Name(s): MILLEN ROOFING CO.
Address: 8747 N. 107th ST.
City: MILWAUKEE State: WI ZIP Code: 53224
Daytime telephone number (area code & number): 414-371-8850
Evening telephone number (area code & number): 414-687-0829 (John - cell)

4. ATTACHMENTS

A. REQUIRED FOR ALL PROJECTS:

- ☒ Photographs of affected areas & each side of property (annotated photos recommended)
____ Sketches and Elevation Drawings (1 full size and 2 reduced to 11" x 17" or 8 1/2" x 11")
☒ Material and Design Specifications (see next page)

B. NEW CONSTRUCTION/DEMOLITION ALSO REQUIRES:

- ____ Floor Plans (1 full size and 1 reduced to 11" x 17")
____ Site Plan showing location of project and adjoining structures and fences
____ Other (explain):

**PLEASE NOTE: YOUR APPLICATION CANNOT BE PROCESSED UNLESS
BOTH PAGES OF THIS FORM ARE PROPERLY COMPLETED.**

5.

DESCRIPTION OF PROJECT:

Describe all existing features that will be affected by proposed work. Please specify the condition of materials, design, and dimensions of each feature (additional pages may be attached)

Decorative sheet metal upper cornice which had been improperly repaired on West end at crown molding. Had additional holes caused by rust.

Photo No. 1 and 2 attached

Drawing No.

- A. Describe all proposed work, materials, design, dimensions and construction technique to be employed (additional pages may be attached)

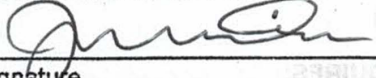
Remove improper metal patch. Form prefinished metal of similar thickness to match original profiles. Cover and seal areas as needed.

Photo No. 3 and 4 attached

Drawing No.

6.

SIGNATURE OF APPLICANT:



Signature

JOHN MILLEN

Print or type name

9/15/16

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 Form to:
Historic Preservation Division
Department of City Development
800 North Broadway - 2nd Floor
Milwaukee, WI 53202

or

Mail Form to:
Historic Preservation Division
Department of City Development
P. O. Box 324
Milwaukee, WI 53201-0324

PHONE: 414.286-5705

FAX: 414.286-0730

CITY HALL
200 E. Wells St.
Lower Level