

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

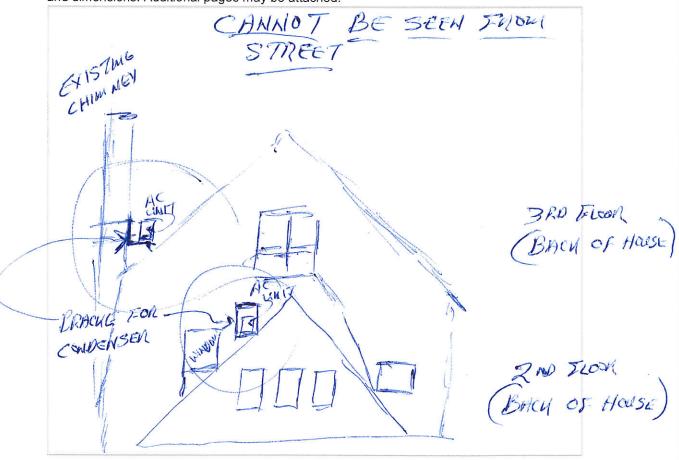
Incomplete applications will not be processed for Commission review. Please print legibly.

1.	HISTORIC NAME OF PROPERTY OR HISTORIC DISTRICT: (if known)					
	ADDRE	SS OF PROPERTY	: HIGH	2830 W. S		
2.	NAME AND ADDRESS OF OWNER:					
	Name(s): Diguid GrassE					
	Address: 3/01 WEST HIGHLAND BIVD					
					ZIP: 53208	
	Email: DAW GROSSE @ AOL. COM					
	Telephone number (area code & number) Daytime: 414-342-4709 Evening: SAIVIE					
3.	APPLICANT, AGENT OR CONTRACTOR: (if different from owner) Name(s): Driving Crosse					
	Address: SMILE AS ABOVE					
	City:			State:	ZIP Code:	
	Email:					
	Telepho	one number (area co	de & numbe	er) Daytime:	Evening:	
4.	ATTAC at 414-2	TTACHMENTS: (Because projects can vary in size and scope, please call the HPC Office 414-286-5712 for submittal requirements)				
S FI	Α.	REQUIRED FOR MAJOR PROJECTS:				
	anne of the second	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)				
	В.	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					

YOUR APPLICATION CANNOT BE PROCESSED UNLESS <u>BOTH PAGES</u> 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

0 6 20 (6)

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



