

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

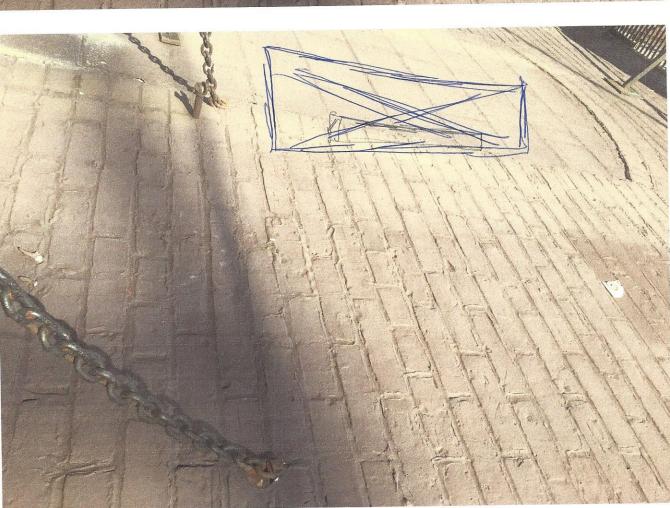
Please print legibly.

ADDRESS OF PROPERTY: 1111 N. Old World 3rd Street, Milv	waukee, WI 53203	
NAME AND ADDRESS OF OV	WNER:	
Name(s): Ken McNulty/McNulty H	loldings LLC	
Address: 1111 N. Old World 3rd	Street	and a color to the contract of the contract of the color
City: Milwaukee	State: WI	ZIP: 53203
	& number) Daytime: (414) 731-1812	
Telephone number (area code	a number, 22, miles	
APPLICANT, AGENT OR CO	NTRACTOR: (if different from owner	er)
Name(s): Bintz Heating & Sheet		
Address: 2729 W. Carmen Aver		
City: Milwaukee	State: WI	ZIP Code: 53209
City: Milwaukee Email: steve@bintzheat.com	State: WI	ZIP Code: 53209
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City: Milwaukee Email: steve@bintzheat.com Telephone number (area code ATTACHMENTS: (Because at 414-286-5712 for submittal	State: WI e & number) Daytime: (414) 940-543 projects can vary in size and scope, requirements)	ZIP Code: 53209 1 Evening: same
City: Milwaukee Email: steve@bintzheat.com Telephone number (area code ATTACHMENTS: (Because at 414-286-5712 for submittal A. REQUIRED FOR MA	State: WI e & number) Daytime: (414) 940-543 projects can vary in size and scope, requirements) JOR PROJECTS:	ZIP Code: 53209 1 Evening: same please call the HPC Office
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PLEASE NOTE: YOUR APPLICATION CANNOT BE PROCESSED UNLESS
BOTH PAGES OF THIS FORM ARE PROPERLY COMPLETED
AND SIGNED.







After

within this area

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.

and dimensions. Additional pages may be attached.

Replace heating system. Put vents through the wall for fresh air intake. Units placed inside building. Vents will go through the roof.

Install cooling units onto roof. Units will not be visible from the street.

These vents are 24 inches wide and 60 inches tall.

Roof Plan

6. SIGNATURE OF APPLICANT:

Signature

Stephen Bintz

Please print or type name

12/21/2016

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