

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

ΙΝ	The Modjeska Theater (if known)						
70	ADDRESS OF PROPERTY:						
113	4 W Historic Mitchell St, Milv	vaukee WI					
NA	ME AND ADDRESS OF OWNER:						
Nar	Name(s):Modjeska Theater Project LLC						
Add	dress: 1134 W Historic Mitch	nell St					
City	: Milwaukee	State: WI	ZIP: 53205				
Ema	ail: jnanez@kesselmangrou	p.com					
Tele	ephone number (area cod	le & number) Daytime: 414-419-0000	Evening: 414-419-0000				
API	PLICANT, AGENT OR CO	ONTRACTOR: (if different from owner[O				
Nar	lame(s): Jesus Nanez						
Ado	Iress: 4511 S 6th St						
City	: Milwuakee	State: wi	ZIP Code: 53221				
Ema	ail: jnanez@kesselmangrou	ıp.com					
Ты	anhone number (area cod	le & number) Daytime: 414-419-0000	Evening: 414-419-0000				
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PLEASE NOTE: YOUR APPLICATION CANNOT BE PROCESSED UNLESS
BOTH PAGES OF THIS FORM ARE PROPERLY COMPLETED
AND SIGNED.

5. DESCRIPTION OF PROJECT:

We are looking at replacing the windows on the second floor of the theater with new windows that match the existing style. We have been working on obtaining bids on replacements and are in the process of finalizing the bid process. The window replacement will be part of a larger project at the theater that will be to alter the existing second floor office space into a new home for an Arts Collaborative. This project will include a new 99 seat theater, practice space, office space, and will convert the corner space of the first floor at the corner of 12th and Mitchell St. into a new entry/lobby space with an elevator.

space with an elevator.

We are in the process of developing plans for the remodeling to allow us to obtain the constrcuction cost of the proposed work, including the window replacements, so we can start the process of obtaining financing for the project. With this in mind we are asking to be part of the mothball process as we work to secure the financing to begin the work. We will be providing you with a scope of the work and a time line of the project asap.

6.	SICN	ATURE	OF A	A DDI	C A NIT.
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Signature	-
Jesus Nanez	3-14-2017
P ^æ^Á rint 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, WIÁ HŒG

PHONE: (414) 286-5722 FAX: (414) 286-3004 www.milwaukee.gov/hpc

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

