

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

	HISTORIC NAME OF PROPERTY OR HISTORIC DISTRICT: (if known) Historic Brewers Hill									
	ADDRESS OF PROPERTY: 116 E Vine St									
N	NAME AND ADDRESS OF OWNER:									
N	Name(s):Barbara A Janczak									
Ad	Address: 116 E Vine St									
Ci	ty: Milwaukee	State: WI	ZIP: 53212							
E	Email: bajanczak@yahoo.com									
Te	elephone number (area code	& number) Daytime: 414.861.5373	Evening: same							
	Name(s): Address:									
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		Olaka	7ID C							
	ty:	State:	ZIP Code:							
Eı	nail:									
Te	elephone number (area code	& number) Daytime:	Evening:							
	414-286-5712 for submittal r		ease call the HPC Office							
X	Photographs of affected	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.									
10.000/00000000000000000000000000000000	Material and Design Specifications (see next page)									
В.	B. 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									

PLEASE NOTE: YOUR APPLICATION CANNOT BE PROCESSED UNLESS
BOTH PAGES 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.	

Current steps leading from the alley entrance into the side yard are deterioriating, although they have
been reptered several times, and need to be dismantled and replaced. The original footing was not
done correctly and the bricks float when the temperature changes. They will be replaced with regular concrete steps fitting the same footprint and done according to code. Railing will also be re-installed.

6.	SIGNAT	URE	OF	APPL	ICAN	IT:
	0	1			1	(

Signature

Barbara A Janczak

Please print or type name

03/19/2017

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.