

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)							
		ESS OF PROPERTY: 831 N. 33						
2.	NAME AND ADDRESS OF OWNER:							
	Name	Name(s): DENIS JACKSON						
	Addre	ss:831						
	City:	Tulu State: W ZIP: 53208						
	Email: denisianjackson @ live.com							
	Teleph	Telephone number (area code & number) Daytime: 414 8076080 Evening:						
3.	APPLI	APPLICANT, AGENT OR CONTRACTOR: (if different from owner)						
	Name(s):							
	Addres							
	City:	State: ZIP Code:						
	Email:							
	Teleph	one number (area code & number) Daytime: Evening:						
!.	ATTACHMENTS: (Because projects can vary in size and scope, please call the HPC Office at 414-286-5712 for submittal requirements)							
	A.	REQUIRED FOR MAJOR PROJECTS:						
	camerows exolves defaulted	Photographs of affected areas & all sides of the building (annotated photos recommended)						
	der in the Address of	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.						
	manetri kraines kenary skrany:	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")						
	manded and an analysis of the contract of	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.

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Tell us what you want to do. Describe all proposed work including materials, design, and dimensions. Additional pages may be attached.

1) 2 aix AC unite in balh

- 2) buse ment fur nace vented to outside 3) attic furnase vented there rear stope of main poof

SIGNATURE OF APPLICANT: 6.

> Denie Jan Joelesore DENIS IAN JACKSON 4/20 17 Please print 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, 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