



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)

Mitchell Building

ADDRESS OF PROPERTY:

207 E. Michigan street

2. NAME AND ADDRESS OF OWNER:

Name(s): Josh Jeffers & Co.

Address: 225 E. Michigan street ste 101

City: Milwaukee State: WI ZIP: 53202

Email: joshua@jjeffers.com

Telephone number (area code & number) Daytime: 312-622-3266 Evening: _____

3. APPLICANT, AGENT OR CONTRACTOR: (if different from owner)

Name(s): Falamak Nourzad

Address: P.O. Box 510 663

City: Milwaukee State: WI ZIP Code: 53203

Email: falamak.nourzad@cont'uumarchitects.com

Telephone number (area code & number) Daytime: 414-220-9640 Evening: 414-303-4422
cell

4. 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:

____ 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 1/2" x 11")
A digital copy of the photos and drawings is also requested.

____ Material and Design Specifications (see next page)

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.

Existing Fourth Floor comprised of 4600 SF of Tenant space is remodeled for office use of Continuum architects. Furnaces are in bond inside suite. 2 small air conditioner condensor unit are on the roof top.

6. SIGNATURE OF APPLICANT:

Signature

Falamak Nourzad

Please print or type name

Date

4/26/17.

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

