

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

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ADDI	RESS OF PROPERTY:	Wells &	ROLL
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Addre	ess;		
City:	MANIMAN MANIMAN (A) A MANIMAN	State: ************************************	ZIP:
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Telep	hone number (area code &	number) Daytime:	Evening:
ATTA	hone number (area code & .CHMENTS: (Because pro	jects can vary in size and scope quirements)	Evening: U-U-U-U-U-U-U-U-U-U-U-U-U-U-U-U-U-U-U
A.	REQUIRED FOR MAJO		
telalar (i brillastinnensennin			(annotated photos recommended)
Managagan - Maria Salam and Lawri Julia	Sketches and Elevation I A digital copy of the phot	Drawings (1 full size and 1 redutors and drawings is also reques	iced to 11" x 17" or 8 ½" x 11") sted.
· 佛尔尔· (代· 哈卢尔特·) [1] [1] · (伊·) [1] (1)	Material and Design Spe	cifications (see next page)	
В.	NEW CONSTRUCTION ALSO REQUIRES:		
	_ Floor Plans (1 full size a	nd 1 reduced to a maximum of	11" x 17")

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.

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CGOOSE NECK 118MINS)

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6. SIGNATURE OF APPLICANT:

Signature

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