

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)	& The state of the
	ADDRESS OF PROPERTY:	
	210 West Brown SI	
2.	NAME AND ADDRESS OF OWNER:	
	Name(s): ART MARBURG	
	Address: 210 West Brown St	
	City: Milwankee State: W1 ZIP: 53212	
	Email: Cosew@execpc.com	
	Telephone number (area code & number) Daytime: 414334339 Evening: 107	\$40687890F
3.	APPLICANT, AGENT OR CONTRACTOR: (if different from owner)	
	Name(s): ART MARBURG	5
	Address: 210 WEST BROWN ST	
	City: MILWOUKGE State: WI ZIP Code: 53212	
	Email: CDSEW@Execpc. Com	
	Telephone number (area code & number) Daytime: 44334339 Evening:	Paradostation
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 ½" 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.

1 Demolition of abandoned garage
north side at property behind
morth side of property
new garage and bearind (north of house
1 Cobblestone patro on Bimilar Sized 9 pac
o the fatorial
(3) Stylight in North 1001 of gologe
(3) stylight in North roof of garage (visible from side that is crown
(VISIBLE Trom Sie
Mardware parking Lot
Nard ware

6. SIGNATURE OF APPLICANT:

Signature

Please print or type name

Bpn L/3, 2017

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



