

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)	
	ADDRESS OF PROPERTY: 1d St Regv	
2.	NAME AND ADDRESS OF OWNER:	
	Name(s): Suis Mins	
	Name(s): 5413 /7/17 Address: 1937 - 17 2 nd 5/	
	City: MI/W State: W ZIP: 5321	
	Address: 1771. City: MI/W State: WS ZIP: S321 Email: Innu/ City Scrul Co Telephone number (area code & number) Daytime: 265-2511 Evening:	
	relephone number (area code & number) Daytime:	
3.	APPLICANT, AGENT OR CONTRACTOR: (if different from owner)	
	APPLICANT, AGENT OR CONTRACTOR: (if different from owner) Name(s): Linu (ity Scruice Richard Smith) Address: Land And Strain Address: Land Strain Address:	
	Address: L92" 1. 21111	
	City: MI/W / State: ZIP Code:	
	Email: Enout City Service inal Box.	
	City: MI/W 1 State: ZIP Code: Email: Linux City Service: 600. Telephone number (area code & number) Daytime: 245-2571 Evening: Evening:	
1 .	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:	
٠,.	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.

Acptacl dela. siding on 275.32.3. Replace all siding on exterior walls.

Arstore exterior wall to a waputight condition.

6. SIGNATURE OF APPLICANT:	
Signature	- / /
Michael Smith	2/15/
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:

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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

RECEIVED

FEB 1 5 2017