

## CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

2623	RESS OF PROPERTY: N Wahl Ave	ing the control of th	
NAM	IE AND ADDRESS OF (	OWNER:	
Nam	e(s): Jeff and Kristi Leswin		ggypa <sub>nad s</sub> aganggagagaga saaan saan saan saan saan
Addr	ess: 2623 N Wahl Ave	na autoria, and distribution contribution for a contribution for the contribution of t	
		State: WI	
Emai	il: getjets@gmail.com		n autor en commune committe en committe de maiorien de maiorien en committe de la descripción del descripción de la desc
Teler	phone number (area cod	le & number) Daytime: 414-839-5963	Evening: 5am
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City:		State:	ZIP Code:
Email			r namadaru 2015 da vitir (da ye-dairus)) makumuni mimi tunin da kunin di pende 2015 di Sirin ku
		e & number) Daytime:	
Telep <b>ATTA</b> at 414	phone number (area cod	e & number) Daytime: projects can vary in size and scope, p l requirements)	Evening:
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Telep <b>ATTA</b> at 414	ACHMENTS: (Because 4-286-5712 for submittal REQUIRED FOR MA Photographs of affect Sketches and Elevation	e & number) Daytime:  projects can vary in size and scope, place in the projects can vary in size and scope, place in the projects in the project in the projec	Evening:  blease call the HPC Office  nnotated photos recommend  to 11" x 17" or 8 ½" x 11")
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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.

Please See Attachments

) Project description

al, a2, a3 gutters + downsports

bl-b5 Front yard garden.

6. SIGNATURE OF APPLICANT:

Signature

Jeff Leswing
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.

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