

## 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) Walkers Point			
	ADDRESS OF PROPERTY: 133 W. Pittsburgh Ave.	omerican estado (Alambido Madda a mindra de morte esta estado estado Madda Madda de Santo estado estado estado	مسترست وزوار الاستنصاب برور دورد المناسب والمناسبة المناسبة والمناسبة المناورة والماء المناسبة المناسبة المناسبة	
2.	NAME AND ADDRESS OF OWNER:			
	Name(s): Pittsburgh Ave LLC			
	Address: 601 N. College Ave. Suite 1A			
	City: Bloomington	State: Indiana	ZIP: 47404	
	Email: Develop@tenthandcollege.com			
	Telephone number (area code & n	number) Daytime: 812-339-8777	Evening: 812-339-8777	
3.	APPLICANT, AGENT OR CONTRACTOR: (if different from owner)			
	Name(s): Studio 3 Design			
	Address: 8604 Allisonville Road, Suite 330			
	City: Indianapolis	State: Indiana	ZIP Code: 46250	
	Email: tcover@studio3design.net			
	Telephone number (area code & n	number) Daytime: <u>317-572-1238</u>	Evening: 317-691-8018	
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)			
	X 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 an	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.

The attached request for a COA is for modifications occurring as part of construction that are slightly different in appearance than the originally approved drawings.

Attached please find elevations depicting changes to:

- North elevation 4 story building level 1- slight variations in column pler widths / window sizes as the
  result of existing structure and or structural repairs needed in the field.
- West elevation, 4 story building level 1- slight variations in column pier widths/ window widths as the result of existing structure and or repairs needed to masonry in field.
- 3. West elevation: 2 story building level 1 revised glazing and pier rhythm to have one central pier and 2 wider flanking storefront window zones. The presence of an off center structural support would have created a non-symmetrical layout that would not visually work with the symmetrical second floor window pattern. The provided solution maintains the original symmetrical appearance for the facade.
- 4. South elevation: building entrance. the desire is to remove the overhead door to the east of the current recessed entrance and expand the width of the entrance opening. This will provide greater visibility and safety at the alley entrance for patrons who are coming and going from the south parking lot. the wider recessed alcove also allows for the stair door to move from the South face to the East face under the building overhang creating a safer exiting condition and providing patrons with a view of the alley prior to stepping out into potential on-coming traffic. the impact visually to the building is minimal as the openings are within the previous loading dock zone and remain aligned with the existing facade fenestration.

Applicant requested by phone on 7/12/17 to incorporate blank awnings into this application.

6.

SIGNATURE OF APPLICANT

Signature

Timothy W. (Cover-

Please print or type name

7=3-2017

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.

