



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:

102 W. Vine Street Milwaukee Wisconsin 53212

2. **NAME AND ADDRESS OF OWNER:**

Name(s): Stephanie Dragovich

Address: 2821 W. Leland Avenue

City: Chicago

State: IL

ZIP: 60625

Email: stephaniedragovich@me.com

Telephone number (area code & number) Daytime: 773-988-8099

Evening: 773-988-8099

3. **APPLICANT, AGENT OR CONTRACTOR:** (if different from owner)

Name(s): Quality Restoration LLC

Address: N169 W20170 Georgetown Drive

City: Jackson

State: WI

ZIP Code: 53037

Email: binghambob1@gmail.com

Telephone number (area code & number) Daytime: 262-305-3207

Evening: 262-3053207

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 1/2" 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.**

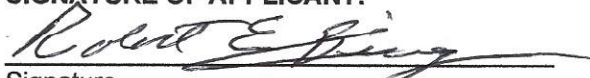
5. **DESCRIPTION OF PROJECT:**

Tell us what you want to do. Describe all proposed work including materials, design, and dimensions. Additional pages may be attached.

Remove the two existing chimneys that are deteriorated and rebuild using new cream color Belden brick and type N masonry mortar. Chimney size is 2 foot by 2 foot and 3 feet tall, with new 9 x 13 top flue and concrete cap.

Notes: pictures are available please advise to what email to send them to.

6. **SIGNATURE OF APPLICANT:**


Signature

Robert E Bingham
Please print or type name

July 26, 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

hpc@milwaukee.gov

www.milwaukee.gov/hpc

Or click the **SUBMIT** button to automatically email this form for submission.

SUBMIT