



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)**

Avalon Theater

ADDRESS OF PROPERTY:

2473 South Kinnickinnic Avenue

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

Name(s): Lee Barczak

Address: 5130 West Loomis Road

City: Greendale

State: WI

ZIP: 53129

Email:

Telephone number (area code & number) Daytime:

Evening:

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

Name(s): Walters Sheet Metal Corporation

Address: 533 South 94th Street

City: Milwaukee

State: WI

ZIP Code: 53214

Email: pjbwsm@yahoo.com

Telephone number (area code & number) Daytime: 414-443-1980

Evening: 414-443-1980

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

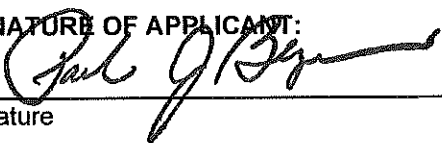
**PLEASE NOTE: YOUR APPLICATION CANNOT BE PROCESSED UNLESS
BOTH PAGES OF THIS FORM ARE PROPERLY COMPLETED
AND SIGNED.**

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.

We are installing a kitchen exhaust hood system. The equipment will be sitting on a one story roof in the back of the building.

6. **SIGNATURE OF APPLICANT:**



Signature

Paul J. Beyer
Please print or type name

08-02-17
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