

## CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

нізто	RIC NAME OF PROPERTY OR	HISTORIC DISTRICT: (II	known)
ADDRI	ESS OF PROPERTY:	31266	
	Alb. I-	Parrott	
Addres	ss: (28 W	Broun	
City:	MWankee	State: W)5	ZIP: 532-14
Email:			
Teleph	one number (area code & numb	per) Daytime:	Evening:
APPLI	CANT, AGENT OR CONTRACT	TOR: (if different from own	er)
Name(	s): DIC+-/	Con Strun	ction LLC
Addres	ss: 144 5 7	135	
City:	MI	State: 4/5	ZIP Code: 53294
Email:	Dirty con	Strution 3	Dirtikay85091
Teleph			
	ATTACHMENTS: (Because projects can vary in size and scope, please call the HPC Office at 414-286-5712 for submittal requirements)		
Α.	REQUIRED FOR MAJOR PRO	OJECTS:	
***************************************	Photographs of affected areas & all sides of the building (annotated photos recommended)		
	Sketches and Elevation Drawings (1 full size and 1 reduced to 11" $\times$ 17" or 8 $\frac{1}{2}$ " $\times$ 11") A digital copy of the photos and drawings is also requested.		
	Material and Design Specifications (see next page)		
В.	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		
	NAME Name( Address City: Email: Teleph Name( Address City: Email: Teleph ATTAC at 414- A.	ADDRESS OF PROPERTY:  NAME AND ADDRESS OF OWNER: Name(s): Address: City: M. Wannee Email: Telephone number (area code & number	NAME AND ADDRESS OF OWNER: Name(s): Address: City: Millian Ce State: City: Address: City: APPLICANT, AGENT OR CONTRACTOR: (if different from own Name(s): Address: City: State: City: State

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.

Replacing Piller and Handrallings

UX 4 Post

IX 10

Spenders

6.

Please print or type name

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

8-26-17

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

SUBMIT