

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

ADDRESS OF PROPE		
1851 N. 2NE	STREET, MILWAUKE	E WI 53262
NAME AND ADDRESS		
Name(s): CITY OF	MILWAUKER -> PURCH	asers: kyle + USA SAF
Address: 4249	N, 852 SX (8)	
City: Milw	State:	ZIP: 53222
Email: Kyle. Safrane	k@glennrieder.com	NOT THE ANY ENGINEERING PROPERTY SING (SING SEES SAFET) MICHIGANIS SAFETY SAFET
Telephone number (are	(KYLE)414.66 ea code & number) Daytime:	37.1345 Evening:
	OR CONTRACTOR: (if different from ow	-
Name(s): AMAN	DA RAMBE - TREDO G	PROUP UC
Address: 219 N	1. MILWAUKEE STRE	ST SUITE 630
City: MILWAUK	State: WI	ZIP Code: 93262
Email: amand	a raabe @ tredogrou	IP. Com
Telephone number (are	ea code & number) Daytime: 847.2	93,901EVening:
ATTACHMENTS: (Beat 414-286-5712 for su	cause projects can vary in size and scop bmittal requirements)	e, please call the HPC Office
A. REQUIRED FO	OR MAJOR PROJECTS:	
× Photographs of	f affected areas & all sides of the building	(annotated photos recommended)
X Sketches and I A digital copy of	Elevation Drawings (1 full size and 1 redu of the photos and drawings is also reques	uced to 11" x 17" or 8 ½" x 11") sted.
X Material and D	esign Specifications (see next page)	
B. NEW CONSTR	RUCTION ALSO REQUIRES:	
Floor Plans (1	full size and 1 reduced to a maximum of	11" x 17")
Site Plan show	ing location of project and adjoining struc	ctures and fences
PLEASE NOTE:	YOUR APPLICATION CANNOT BOTH PAGES OF THIS FORM	T BE PROCESSED UNLESS ARE PROPERLY COMPLETED

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.

- PACKAME FOR DEMOLITION OF GARAGE.
- PACKAGE FOR REHABILITATION OF HOUSE. LA INTERIOR RENO DRAWINGS INCUDED.

6. SIGNATURE OF APPLICANT:

Amanda Skaabe Signature

AWANDA S. RABE
Please print or type name

12/12/17 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.