



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)

GLORIOSO'S

ADDRESS OF PROPERTY:

1018 E BRADY ST.

2. NAME AND ADDRESS OF OWNER:

Name(s): MICHAEL GLORIOSO

Address: 1018 E BRADY ST

City: MILWAUKEE State: WI ZIP: _____

Email: _____

Telephone number (area code & number) Daytime: _____ Evening: _____

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

Name(s): THOMAS STACHOWIAK ; STACK DESIGN GROUP

Address: 413 N. 2ND ST

City: MILWAUKEE State: WI ZIP Code: 53203

Email: stackgroup@aol.com

Telephone number (area code & number) Daytime: 414.807.8033 Evening: _____

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.

RELOCATION OF KITCHEN EXHAUST HOOD ON EAST
FACADE. NEW EXHAUST TO BE PAINTED
TO MATCH BRICK.

ROOFTOP HVAC EQUIPMENT TO BE REPLACED.
NEW UNITS WILL NOT BE VISIBLE FROM
STREET.

6. SIGNATURE OF APPLICANT:

Signature

THOMAS STACHOWIAK

Please print or type name

Date

3.5.18

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