

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

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	PRESS OF PROPERTY: 3 N. 2nd Street			
NAN	NAME AND ADDRESS OF OWNER: Name(s): Midwest Commercial Funding, LLC			
Nam				
Addr	ress: 7213 Hwy. 41			
City:	Caledonia	State: WI	ZIP: 53108	
Ema	il: rchandler@midwestcommerci	alfunding. Com		
Tele	phone number (area code & r	number) Daytime: 414-731-1151	Evening: same	
APP	LICANT, AGENT OR CONTE	RACTOR: (if different from owner	^)	
	ne(s): David J. "Koz" Koscietniak	·		
Addr	ess: 12310 W. Waterford Avenu	le .		
City:	Greenfield	State: WI	ZIP Code: 53228	
_	b@b!tt	State: WI		
Ema	il: koz@kozitecture.com		and annual to see a second of the free framework are with the field of the free transverse and the field of t	
Ema Tele	il: koz@kozitecture.com phone number (area code & r ACHMENTS: (Because proje	number) Daytime: 414-303-8489 ects can vary in size and scope, p uirements)	Evening: same	
Ema Tele	il: koz@kozitecture.com phone number (area code & r ACHMENTS: (Because proje 14-286-5712 for submittal requ REQUIRED FOR MAJOR	number) Daytime: 414-303-8489 ects can vary in size and scope, p uirements)	Evening: same	
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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. Construct a new 2-car detached garage at the rear (alley side) of the property. All materials and design standards shall comply with HPC requirements.

SIGNATURE OF APPLICANT: 6.

DESCRIPTION OF PROJECT:

Stgnature

David J. "Koz" Koscielniak Please print or type name March 15, 2018

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

FAXpc@njillaaukee.gov

www.milwaukee.gov/hpc

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

SUBMIT