

## CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

	0118810N	l			
1.	HISTORIC NAME OF PROPERTY OR HISTORIC DISTRICT: (if known)				
	4000				
	ADDR	ESS OF PROPERTY:			
2.	NAME AND ADDRESS OF OWNER:				
	Name(	s):			
	Addres	ss:			
	City:		State:	ZIP:	
	Email:				
	Teleph	one number (area code & nu	umber) Daytime:	Evening:	
3.	APPLICANT, AGENT OR CONTRACTOR: (if different from ownerD				
<b>J</b> .					
	Name(s):				
	Address: City: State: Email:				
			State:	ZIP Code:	
	Telephone number (area code & number) Daytin		umber) Daytime:	Evening:	
4.		CHMENTS: (Because projection 286-5712 for submittal requ		ope, please call the HPC Office	
	A.	REQUIRED FOR MAJOR	PROJECTS:		
	Photographs of affected areas & all sides of the building (annotated photos recommended)				
	AXXXXXXXXX		ketches and Elevation Drawings (1 full size and 1 reduced to 11" x 17" or 8 ½" x 11")Á ﷺ að		

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:		
	V^  Á•Á, @eeA[ˇÁ, æ)•OÁ[Áů[ÉÁÖ^•&¦āā^Áæ Á,¦[][•^åÁ,[¦\Áā,& ˇåā]*Á, æe^¦āæ;•Éáů^•ãf}ÉÁ æ)•åÁáā[^}•Á[5]•ÉÁDāåāāā[}æ;Á,æ;Á,æ;Áå°Áæ;ææ&@°åÈ		
6.	SIGNATURE OF APPLICANT:		
	Signature		
	P ^æ^Áirint or type name 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, WIÁ HŒG

PHONE: (414) 286-5722 hpc@milwaukee.gov www.milwaukee.gov/hpc

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