

## 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) Turner Hall							
		RESS OF PROPERTY: N. 4th Street						
2.	NAME AND ADDRESS OF OWNER:							
	Name(s): Milwaukee Turners, Inc							
	Address: 1034 N. 4th Street							
	City: 1	Milwaukee	State: WI	ZIP: 53203				
	Email:							
	Telephone number (area code & number) Daytime: 414-272-1733 Evening:							
3.	APPLICANT, AGENT OR CONTRACTOR: (if different from owner)							
	Name(s): David Uihlein - Architect							
	Addres	Address: 322 E. Michigan St., #400						
	City: M		State: WI	ZIP Code: 53202				
	Email: daveu@uihlein-wilson.com							
	Telephone number (area code & number) Daytime: 414-791-3944 Evening: same							
1.		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)							
	X Care or some of the second of	X Sketches and Elevation Drawings (1 full size and 1 reduced to 11" x 17" or 8 ½" x 11") A digital copy of the photos and drawings is also requested.						
	- PRODUCTION - START - START START START START	Material and Design Specifications (see next page)						
	B.	B. NEW CONSTRUCTION ALSO REQUIRES:						
	erer sakatasasa mer Capiter sensum	Floor Plans (1 full size and 1 reduced to a maximum of 11" x 17")						
	hweey 20MM/hghriddin n Alb y Kladi baj Klay	Site Plan showing location of	of project and adjoining structu	ires 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.

At the North elevation, ground level, (12) windows are having the existing plywood removed. Seven of the 12 windows have a top-lite that is stained glass. The vision glass and the stained glass will have an exterior covering (clear plexiglass sheet) for vandalism protection.

The lower sash will be covered with painted plywood as this area is covered by wainscotting on the interior.

6. SIGNA	TURE OF APPLICANT:		
Signati	ıre		
David l	Jihlein	6-25-18	
	print or type name	Date	one constituted of the Constitute of the Constit

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.

Mail or Email Form to:

Historic Preservation Commission City Clerk's Office 841 N. Broadway, Rm. B1 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

**TURNER BALLROOM** 

**UIHLEIN/WILSON - RAMLOW/STEIN ARCHITECTS** 





