

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

	RESS OF PROPERTY: 28 W Burnham Street, Mulwantel, WI						
NAM	E AND ADDRESS OF OWNER:						
Name	es: Lorn Rae / Tille						
Addre	ss: 7430 w Harwood Aul (te 200						
City:	Waywatisa state: WI ZIP: 532-13						
Email	dance + marcal estate, net						
Telep	hone number (area code & number) Daytime: 4H/357-0483 Evening: 414/357-						
APPL	JCANT, AGENT OR CONTRACTOR: (if different from owner)						
Name	of I Time						
	ss: 7430 4) Harwood Are Ste 200						
	The state of the s						
City:	Warran State: W7 ZIP Code 3313						
Email							
Telep	hone number (area code & number) Daytime 268 993-0533 Evening: 248 993-6						
	CHMENTS: (Because projects can vary in size and scope, please call the HPC Office I-286-5712 for submittal requirements)						
A.	REQUIRED FOR MAJOR PROJECTS:						
<i>~</i> .							
with the form of the control of the	Photographs of affected areas & all sides of the building (annotated photos recommended)						
	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 ½" x 11") A digital copy of the photos and drawings is also requested.						
ndawist Perfolation Co	Sketches and Elevation Drawings (1 full size and 1 reduced to 11" x 17" or 8 ½" x 11")						
	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.						
В.	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. Material and Design Specifications (see next page) NEW CONSTRUCTION ALSO REQUIRES:						

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.

We are replacing the Front
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of the home. There is a
picture of the unit next
picture of the unit next
don which it will be the
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Lowe.

6. SIGNATURE OF APPLICANT:

Signature

Flease print or type name

7 / 36 / 10 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.

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





LISBON STORM, SCREEN 5006 W. LISBON AVEN Ph: 414-445-8899 Fax: 414-4 MILWAUKEE, WI 53210-Hours: M-F 8:00 AM - 5:3 Sat 8:00 AM 4:00 P

www.lisbonstorm.com

SOLD TO THE MODERN GROUP 4240 W. LISBON AVE.

MILWAUKEE, WI 53210 414-235-0432

SHIP TO W BURNHAM



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