

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

1.	HISTORIC Brewers Hi	NAME OF PROPERTY OR H	ISTORIC DISTRICT: (if	known)					
	ADDRESS OF PROPERTY: 1921 N. 2nd Street								
2.	NAME AN	D ADDRESS OF OWNER:							
	Name(s): Forward Investment Group, LLC								
	Address:	Address: 1111 E. Courtland Place							
	City: White	rfish Bay	State: WI	ZIP: 53211					
	Email: jos	n@figmke.com							
	Telephone	e number (area code & number)) Daytime: 414-248-1724	Evening: same					
3.	APPLICANT, AGENT OR CONTRACTOR: (if different from owner)								
	Name(s):	Name(s): David J. "Koz" Koscielniak							
	Address:	Address: 12310 W. Waterford Avenue							
	City: Greenfield		State: WI	ZIP Code: 53228					
	Email: ko	z@kozitecture.com	on ang armen ngahungar unin sendengan unin didinalika didinalika dalam Polenta Patilita (Salam Salam Polenta Pa	maging from the section of the Control of the Contr					
	Telephone	e number (area code & number) Daytime: 414-303-848	Evening: same					
4.	at 414-28	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 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)							
	B. N	NEW CONSTRUCTION ALSO REQUIRES:							
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Floor Plans (1 full size and 1 reduced to a maximum of 11" x 17")							
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ite Plan showing location of pro	ject and adjoining struct	ures and fences					

PLEASE NOTE: YOUR APPLICATION CANNOT BE PROCESSED UNLESS
BOTH PAGES OF THIS FORM ARE PROPERLY COMPLETED
AND SIGNED.

5.	DES	CRIPT	ION	OF	PRO	JECT	١.
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Repair the front por	ch with appropriate	e materials to	restore t	the integrity	of the street t	acade.	
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ATURE OF APPLIC	CANT:						
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ture							
J. "Koz" Koscielniak				13, 2018			rgovanovner*
e print or type name	9		Date	9			

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:

6.

Historic Preservation Commission City Clerk's Office 200 E. Wells St. Room B-4 Milwaukee, WI 53202

PHONE: (414) 286-5722

FAX: (414) 286-3004

www.milwaukee.gov/hpc

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