

## CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

1830 N	ESS OF PROPERTY: I 2nd St		
NAME	AND ADDRESS OF OWNER	₹:	
Name	(s): Daniel and Margaret Olson		
Addres	ss: 1830 N 2nd St		
City: 1	1 llwaukee	State: WI	ZIP: 53212
Email:	olsondr@gmail.com		The state of the s
Teleph	none number (area code & nur	mber) Daytime: <sup>262-632-885</sup>	5 x2015 Evening: 1044181014
ΔΡΡΙ Ι	CANT, AGENT OR CONTRA	CTOP: (if different from ow	nor)
	(s): Rhino Shield of Wisconsin	CTOR. (II dillerent nom ow	ner)
Addres			
City:		State:	ZIP Code:
Email:			
Email: Teleph	none number (area code & nur		Evening:
Teleph		mber) Daytime: s can vary in size and scope	•
Teleph ATTA( at 414	none number (area code & nur	mber) Daytime: s can vary in size and scope ements)	•
Teleph	CHMENTS: (Because projects -286-5712 for submittal require	mber) Daytime: s can vary in size and scope ements) ROJECTS:	e, please call the HPC Office
Teleph  ATTA  at 414	CHMENTS: (Because projects -286-5712 for submittal require REQUIRED FOR MAJOR P Photographs of affected area	mber) Daytime:  s can vary in size and scope ements)  ROJECTS:  as & all sides of the building wings (1 full size and 1 redu	e, please call the HPC Office  (annotated photos recommended to 11" x 17" or 8 ½" x 11")
ATTA( at 414	CHMENTS: (Because projects -286-5712 for submittal require REQUIRED FOR MAJOR P Photographs of affected area Sketches and Elevation Draw	mber) Daytime: s can vary in size and scope ements) ROJECTS: as & all sides of the building wings (1 full size and 1 reduand drawings is also reques	e, please call the HPC Office  (annotated photos recommended to 11" x 17" or 8 ½" x 11")
Teleph ATTA at 414 A.	CHMENTS: (Because projects -286-5712 for submittal require REQUIRED FOR MAJOR P Photographs of affected area Sketches and Elevation Draw A digital copy of the photos a	s can vary in size and scope ements)  ROJECTS: as & all sides of the building wings (1 full size and 1 redu and drawings is also reques eations (see next page)	e, please call the HPC Office  (annotated photos recommended to 11" x 17" or 8 ½" x 11")

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, des	ign,
and dimensions. Additional pages may be attached.	•

Description of Project:

The owners of 1830 N 2nd Street are seeking to have the home painted by RhinoShield of Wisconsin.

Please see attached project description for details.

6. SIGNATURE OF APPLICANT:

Signature

Daniel Olson

Please print or type name

8/8/18

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