

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM CEIVED

Incomplete applications will not be processed for Commission review.

Please print legibly.

AUG 2 4 2018

1. HISTORIC NAME OF PROPERTY OR HISTORIC DISTRICT: (if known) ADDRESS OF PROPERTY: 2. NAME AND ADDRESS OF OWNER: Name(s): CYNTHIA COOPER Address: 4344 N. 25TH ST. City: MILWAUKEE ZIP: 53209 WI State: Email: Telephone number (area code & number) Daytime: 414-803-7099 Evening: 3. APPLICANT, AGENT OR CONTRACTOR: (if different from owner) SEIDER HEATING, PLUMBING, AND ELECTRICAL Address: N22 W22967 NANCY CT STE A WAUKESHA, WI 53186 City: ZIP Code: 262-436-0505 Email: Telephone number (area code & number) Daytime: Evening: ATTACHMENTS: (Because projects can vary in size and scope, please call the HPC Office 4. at 414-286-5712 for submittal requirements) REQUIRED FOR MAJOR PROJECTS: Not a major project A. 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 1/2" x 11") A digital copy of the photos and drawings is also requested. Material and Design Specifications (see next page) В. **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:

Tell us what you want to do. Describe all proposed work including materials, design, and dimensions. Additional pages may be attached.

REPLACE EXISTING CENTRAL AIR AND LOCATE IN SAME SPOT.

6. SIGNATURE, OF APPLICANT:

Signature

Please print or type name

8-9-18

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, 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.

SUBMIT



