

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) OLD WORLD 3RD STREET DISTRICT J.HINKEL BUILDING/SALOON							
		RESS OF PROPERTY: N OLD WORLD 3RD ST						
2.	NAME AND ADDRESS OF OWNER: Name(s): MOHAMMED OMBALLI							
	Addre	ss: 1001 N OLD WORLD 3RD STF	REET					
	City: 1	MILWAUKEE	State: WI	ZIP: 53203				
	Email: OMBALLI102@HOTMAIL.COM							
	Telepi	hone number (area code & numl	ber) Daytime: (414) 241-5032	Evening:				
3.	Name	APPLICANT, AGENT OR CONTRACTOR: (if different from owner) Name(s): K2M DESIGN - JAMES MCGHEE						
	Address: 5500 W WALSH LN							
	City: F	ROGERS	State: AR	ZIP Code: 72758				
	Email:	Email: JMCGHEE@K2MDESIGN.COM						
	Teleph	none number (area code & numb	per) Daytime: 479-802-5512	Evening:				
1.		ATTACHMENTS: (Because projects can vary in size and scope, please call the HPC Office at 414-286-5712 for submittal requirements)						
	Α.	A. REQUIRED FOR MAJOR PROJECTS:						
	X	Photographs of affected areas & all sides of the building (annotated photos recommended)						
	Χ	Sketches and Elevation Drawings (1 full size and 1 reduced to 11" \times 17" or 8 $\frac{1}{2}$ " \times 11") A digital copy of the photos and drawings is also requested.						
	X	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						

YOUR APPLICATION CANNOT BE PROCESSED UNLESS BOTH PAGES OF THIS FORM ARE PROPERLY COMPLETED

PLEASE NOTE:

AND SIGNED.

5.	DECC	RIPTION	LOE	DDO	IECT.
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Tell us what you want to do. Describe all proposed work including materials, design, and dimensions. Additional pages may be attached.

New tenant is going into the space and will be operating a restaurant which requires a type-1 ventilation system, which will extend through the wall of the west (rear) and north walls of the building. The ventilation system was selected to be placed in a position that will not disrupt the views of the historic district

1.) Scope of work:

Interior Renovation of an existing space for a new BurgerlM restaurant. The renovation includes a new ADA compliant restroom, new interior partitions, millwork, equipment, and finishes.

2.) Materials and Specifications for the project can be found on the following Construction Drawings

- A0.1.0 , A0.1.1 , A0.1.2 , A0.1.3 , A0.1.4

- 3.) Design and Dimensions for the project are found on the remainder of the Archtectural section (A-Series) on the Construction Drawings.
- 4.) All information regarding the Ventilation system can be found the the Captive Aire section of the mechanical drawings

6.	SIGNATURE OF APPLICANT: Signature			
	James McGhee	07/24/18		
	Please print or type name	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