

## 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)

EAST TOWN SALON & SPA - EAST TOWN

ADDRESS OF PROPERTY:

718 E. WELLS ST. MILWAUKEE WI 53202

2. NAME AND ADDRESS OF OWNER:

Name(s): NIKKI SCHWARK

Address: 16665 SHORELINE DRIVE

city: BROOKFIELD State: WI ZIP: 53005

State, US, ZF, USC

Email: jschwarkewirr.com

Telephone number (area code & number) Daytime: 414-614-6454

3. APPLICANT, AGENT OR CONTRACTOR: (if different from owner)

Name(s): JEPPREY HOONACKI @ ASCEND DESIGN

Address: W144 S6317 COLLEGE COURT

city: MUSKEGO

State: WI

ZIP Code: 53150

Email: jeffrey. nojnacki@ascenddesign inc. com

Telephone number (area code & number) Daytime: 414-422-950 Qening: 414-698-4170

- 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)

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)

B. NEW CONSTRUCTION ALSO REQUIRES:

N/A

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.

WE'RE PROPOSING A NEW OUTDOOR SIGN\_
IT WOULD BE A POUBLE-FACE, PROJECT.
ING SIGN THAT WOULD BE REMOTELY
ILLUMINATED WITH THE USE OF (Z)
FLOOD SPOT TYPE FIXTURES, THE
BRACKET, SIGN STUB, MOUNTING PLATE
AND FRAME USES ALL WELDED
ALUMINUM CONSTRUCTION WITH POWDER
COATED FINISH. THE FACES USE
SIGN COMPOSITE MATERIAL WITH
WATER-DET CUT ALUMINUM LETTERS,
DECORATIVE BORDER IS TO USE WATERDET CUT ALUMINUM AS WELL, A LONG
WITH DIGITALLY-TRIMMED JINYL.

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Signat**l**ire *V* 

JEFFREY P. HOTNACKI

Please print or type name

10 /4/18

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.

Hand Deliver or Mail Form to: Historic Preservation Commission City Clerk's Office 200 E. Wells St. Room E-4 Milwaukee, WI 53202

PHONE: (414) 286-5722

ubcamrragnkee.

www.milwaukee.gov/hpc

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



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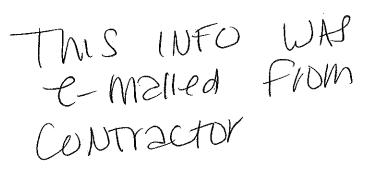
Please print legibly.

1.	HISTO	DRIC NAME OF PROPERTY OR HISTORIC DISTRICT: (if known)
	ADDR	ESS OF PROPERTY: 1 0 E. Wells St
2.	Name Addre City: Email:	SS: 16665 Shoveline Drive BROOKFIELD State: WI ZIP: 53005
3.	Name Addres City: Email:	SS: WIAAS 631 + COILEGE COURT MUSICEGO State: WI ZIP Code: 53150
4.	ATTA	44-422-4500 $44-698-417$ CHMENTS: (Because projects can vary in size and scope, please call the HPC Office $Ce(l)$ -286-5712 for submittal requirements)
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SIGNATURE OF APRI ICANT:

Signature

Please print or type name

10/9//2 Date

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#### 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.