

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM Incomplete applications will not be processed for Commission review.

Please print legibly.

ADDRESS 1239 E Bra	OF PROPERT dy St	Υ:		
NAME AN	D ADDRESS O	F OWNER:		
Name(s):	lohsin Ali			
Address: 1	239 E Brady St			
City: Milwa	ukee		State: WI	ZIP: 53202
Email: mad	lovervape@gmail	.co,		Outrasta contractor and contractor a
Telephone	number (area o	code & number) [Daytime: 773-603-0653	Evening:
Address: 5	061 W State St			
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City: Milwa	ıkee		State: WI	ZIP Code: 53208
_	ikee @milwaukee-sign	1.141	State: WI -	
Email: ruth	@milwaukee-sign	is.com		
Email: ruth Telephone ATTACHM at 414-286	@milwaukee-sign number (area c ENTS: (Becaus -5712 for submi	scom ode & number) C se projects can va ttal requirements)	Daytime: 414-273-7446 ary in size and scope, p	
Email: ruth Telephone ATTACHM at 414-286 A. RE	@milwaukee-sign number (area c ENTS: (Becaus -5712 for submi	scom rode & number) E se projects can va ttal requirements MAJOR PROJEC	Daytime: 414-273-7446 ary in size and scope, p	Evening: 414-940-37
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Email: ruth Telephone ATTACHM at 414-286 A. RE Ph	@milwaukee-sign number (area c ENTS: (Becaus -5712 for submi cQUIRED FOR I otographs of affections and Elev	se projects can vettal requirements; MAJOR PROJECT rected areas & all retion Drawings (1	Daytime: 414-273-7446 ary in size and scope, p TS: sides of the building (ar	Evening: 414-940-37 blease call the HPC Office nnotated photos recommend to 11" x 17" or 8 ½" x 11")
Email: ruth Telephone ATTACHM at 414-286 A. RE Ph Sk	@milwaukee-sign number (area c ENTS: (Becaus -5712 for submi cQUIRED FOR I otographs of affi etches and Elev ligital copy of th	se projects can vettal requirements; MAJOR PROJECT rected areas & all retion Drawings (1	Daytime: 414-273-7446 ary in size and scope, p TS: sides of the building (and a light of the building) full size and 1 reduced wings is also requested	Evening: 414-940-37 blease call the HPC Office nnotated photos recommend to 11" x 17" or 8 ½" x 11")
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AND SIGNED.

6/22/12

5. DESCRIPTION OF PROJECT:

See attached				
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Tell us what you want to do. Describe all proposed work including materials, design,

6. SIGNATURE OF APPLICANT:	
Signature	-
Ruth Unger	12/10/2018
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

6/22/12