

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

	RESS OF PROPERTY: East Wisconsin Avenue		
NAM	E AND ADDRESS OF OWN	ER:	
Nam	e(s): Wisconsin & Milwaukee Ho	tel LLC	
Addr	ess: 731 N Jackson St.		
City:	Milwaukee	State: WI	ZIP: 53202
Emai			
Telep	phone number (area code & n	umber) Daytime:	Evening:
APPI	LICANT, AGENT OR CONTR	ACTOR: (if different from ow	vner)
Name	e(s): Sign effectz Inc., eric Roh	s - Project Coordinator	
Addre	ess: 1827 W Glendale Ave.		
City:	Milwaukee	State: WI	ZIP Code: 53209
Fmail	ericr@signeffectz.com		
	phone number (area code & n	Imhar) Daytima: 414-312-69	73 Evening: 262-220-9220
ТСЮР	mone number (area code & m	difficity Daytiffic.	Evering.
	ACHMENTS: (Because projed 4-286-5712 for submittal requ		e, please call the HPC Office
	REQUIRED FOR MAJOR	DDO IECTS:	
A.		PROJECTS.	
A.	Photographs of affected ar		(annotated photos recommended
A. X	Sketches and Elevation Dr	eas & all sides of the building	ced to 11" x 17" or 8 ½" x 11")
PATE 15 (1900) PATE 1	Sketches and Elevation Dr	eas & all sides of the building awings (1 full size and 1 redu and drawings is also reques	ced to 11" x 17" or 8 ½" x 11")
X	Sketches and Elevation Dr A digital copy of the photos	eas & all sides of the building awings (1 full size and 1 redu and drawings is also reques ications (see next page)	ced to 11" x 17" or 8 ½" x 11")
X	Sketches and Elevation Dr A digital copy of the photos Material and Design Specification Alexandrian	eas & all sides of the building awings (1 full size and 1 redu and drawings is also reques ications (see next page)	ced to 11" x 17" or 8 ½" x 11") ted.
X	Sketches and Elevation Dr A digital copy of the photos Material and Design Specific NEW CONSTRUCTION All Floor Plans (1 full size and	eas & all sides of the building awings (1 full size and 1 redus and drawings is also reques fications (see next page) LSO REQUIRES:	ced to 11" x 17" or 8 ½" x 11") ted.

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 are proposing to remove the existing "Millioke" wall letters and the faces on the double faced sign cabinet. We are replacing with new signs that read "East Town Kitchen & Bar." - The wall sign to be non-illuminated, aluminum cut out letters which are stud mounted to the facade. The letters are to be painted black. - The double faced sign cabinet to be refaced with aluminum routed faces with push through copy. The sign is internally illuminated with an opaque background which only allows the copy to illuminate at night. The background and the cabinet will be painted White. The copy is Black during the day and illuminates as White at night.

6	SIGNA	TURE	OF APPL	ICANT

Eric Rohs

Please print or type name

February 5th, 2019

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