

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

	ESS OF PROPERTY: Reservoir Avenue		
NAME	AND ADDRESS OF OWNE	R:	
Name(s	s): Jamison Klinkner		
Addres	s: 217 W. Reservoir Avenue		
City: M	lilwaukee	State: WI	ZIP: 53212
Email:	krewzanne@gmail.com		
Telepho	one number (area code & nu	mber) Daytime: 608.215.9050	Evening: 608.215.9050
Addres	is;	State:	
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Addres	ss;		
Addres	ss:		ZIP Code:
Addres City:	is;	State:	ZIP Code:
Addres City: Email: Telepho ATTAC at 414-	one number (area code & nucleone number (area code & nucleone number) CHMENTS: (Because projective 286-5712 for submittal requirements) REQUIRED FOR MAJOR I Photographs of affected areas Sketches and Elevation Dra	State: Imber) Daytime: Its can vary in size and scope, pleaderements) PROJECTS: Pas & all sides of the building (and awings (1 full size and 1 reduced)	ZIP Code: Evening: ease call the HPC Office notated photos recommende to 11" x 17" or 8 ½" x 11")
Addres City: Email: Telepho ATTAC at 414-	one number (area code & nucleone number (area code & nucleone number) CHMENTS: (Because projective 286-5712 for submittal requirements) REQUIRED FOR MAJOR I Photographs of affected areas Sketches and Elevation Dra	State: Imber) Daytime: Its can vary in size and scope, plearements) PROJECTS: eas & all sides of the building (and awings (1 full size and 1 reduced and drawings is also requested.	ZIP Code: Evening: ease call the HPC Office notated photos recommende to 11" x 17" or 8 ½" x 11")
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YOUR APPLICATION CANNOT BE PROCESSED UNLESS BOTH PAGES OF THIS FORM ARE PROPERLY COMPLETED

PLEASE NOTE:

AND SIGNED.

5. DESCRIPTION OF PROJECT:

ase see the attached	focument for a description and details.	

6 SIGNATURE OF APPLICANT	
	۰,

Please print or type name

Signature

Jamison Klinkner

3/13/2019

Date

This form and all supporting documentation MUST arrive by 4:00 pm (11:59 pm via email) 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) 286-5712 or 286-5722

hpc@milwaukee.gov

www.milwaukee.gov/hpc

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

