

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: (IT KNOWN)
	ADDRESS OF PROPERTY: 404 W. Historic Mitchell St., Milw. WI 5320
2.	NAME AND ADDRESS OF OWNER:
	Name(s): Tom Cittman + Demitor Copoulos
	Address: 1007 W. Historic Mitchell Street
	City: Milwaukeestate: W/ ZIP: 53204
	Email: Vitamin Jande Cgarail. com.
	Telephone number (area code & number) Daytime: 4141 672 -0341 Evening: Same
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3.	(APPLICANT), AGENT OR CONTRACTOR: (if different from owner)
	Name(s): BERNARDINO A HERIZERA-
	Address: 1520 GREEN TREE RD.
	City: WEST 13END State: W1 ZIP Code: 53690
	Email: tonyhmos20@gmail.com
	Telephone number (area code & number) Daytime: Evening:
	(4H) 839-2756
4.	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: (SIGNAGE)
	Photographs of affected areas & all sides of the building (annotated photos recommended)
w	Sketches and Elevation Drawings (1 full size and 1 reduced to 11" x 17" or 8 ½" 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:
A	Floor Plans (1 full size and 1 reduced to a maximum of 11" x 17")
M	Site Plan showing location of project and adjoining structures and fences
	PLEASE NOTE: YOUR APPLICATION CANNOT BE PROCESSED UNLESS

<u>BOTH PAGES</u> 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.

Please refer to attached signage design for new exterior restaurant sign.

6. SIGNATURE OF APPLICANT:

Signature

Bernardino A. Herrera

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