

## CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

Brady	St	Y OR HISTORIC DISTRICT: (	,
	RESS OF PROPERTY: brady St.	entents of the second s	MINISTERNAL DEL CONTROL DE L'ANGELE DE
NAM	E AND ADDRESS OF OWN	ER:	
Name	e(s):Salvatore Sivilotti	**************************************	
Addre	ess: 1002 E. Michigan Ave.		TOTAL SECTION AND SECTION AND SECTION AND SECTION ASSESSMENT OF THE SECTION ASSESSMENT A
City:	Oak Creek	State: WI	ZIP: 53154
Email	sam@mulchinstalled.com	The state of the s	AND THE RESIDENCE OF THE PARTY
Telep	hone number (area code & r	number) Daytime: 414-469-722	8 Evening:
City:		State: number) Daytime:	ZIP Code:
	ACHMENTS: (Because proje 4-286-5712 for submittal requ	ects can vary in size and scope uirements)	e, please call the HPC Office
A.	REQUIRED FOR MAJOR	PROJECTS:	
<b>X</b>	Photographs of affected a	reas & all sides of the building	(annotated photos recommende
	Sketches and Elevation Drawings (1 full size and 1 reduced to 11" x 17" or 8 $\frac{1}{2}$ " x 11") A digital copy of the photos and drawings is also requested.		
<b>X</b>	A digital copy of the photo	s and drawings is also reques	
x x B.		ifications (see next page)	
X	Material and Design Spec	ifications (see next page)	

PLEASE NOTE: YOUR APPLICATION CANNOT BE PROCESSED UNLESS

<u>BOTH PAGES</u> OF THIS FORM ARE PROPERLY COMPLETED

AND SIGNED.



_	DECODIDATION OF	
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 via email.

Amended and recommended revisions from previous preliminary approval to move forward with exterior improvements.

6.	SIGNATURE OF APPLICANT:

Signature

Salvatore Sivilotti

08/12/19

Please print or type name

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.

