

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: (if known)

	ADDRESS OF PROPERTY: 630 N. BROHDWAY (7AX PARCEL # 3920744000)
	(5920 19900)
2.	NAME AND ADDRESS OF OWNER: Name(s): LEVINE VALUOPFICES /MBI Properties
	Address: 630 N. BROPOWAY City: Milw State: WI ZIP: 53707
	Al Quina Gol aimolan com
	Telephone number (area code & number) Daytime: 414-271-9585 Evening: 414-271-5300
3.	APPLICANT, AGENT OR CONTRACTOR: (if different from owner) Name(s): ROOD CASPERSEU
	Address: N84W15787Merromonee Lue
	City: Meno. PIS State: WI ZIP Code: 53051
	Email: Rodd @ Signswithin pact, con
	Telephone number (area code & number) Daytime: \$\frac{4}{24}\$ \frac{262-251-4300}{262-251-4300} \frac{414-241-940}{262-251-4300}
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:
	Photographs of affected areas & all sides of the building (annotated photos recommended)
	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:
	Floor Plans (1 full size and 1 reduced to a maximum of 11" x 17")

PLEASE NOTE: YOUR APPLICATION CANNOT BE PROCESSED UNLESS
BOTH PAGES OF THIS FORM ARE PROPERLY COMPLETED
AND SIGNED.

Site Plan showing location of project and adjoining structures and fences

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.

OvenAll Scape:

- · PAINT Upper FACADE Black · Add Busivess Name in 1" THICKNESS dimensional

lettering - non-thuminated

· Add Secondary description text in Silven Mottallie

Coloned believing Beneatt.

· Current & proposed Pictures Attached.

6. SIGNATURE OF APPLICANT:

8/30/2019

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.

SUBMIT