



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)

HISTORIC MITCHELL STREET

ADDRESS OF PROPERTY:

701 W HISTORIC MITCHELL ST

2. **NAME AND ADDRESS OF OWNER:**

Name(s): MOHAMMAD PATEL

Address: 701-709 W HISTORIC MITCHELL ST

City: MILWAUKEE

State: WI

ZIP: 53204

Email: ARIF@FATANNOZ.COM

Telephone number (area code & number) Daytime: 262-344-2975 Evening:

3. **APPLICANT, AGENT OR CONTRACTOR:** (if different from owner)

Name(s): BRATZ BUILDING INC

Address: 3010 B W BRADSHAW RD

City: GREENWATER

State: WI

ZIP Code: 53209

Email: INFO@BRATZBUILDING.COM

Telephone number (area code & number) Daytime: 414-736-4111 Evening:

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 1/2" 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")

Site Plan showing location of project and adjoining structures and fences

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 via email.

Engraving Demo on Brick
Facade (East Side) Below Brackets
TO TOP OF ~~Second~~ 2nd Floor Windows

6. **SIGNATURE OF APPLICANT:**

Andrew Benner
Signature

Please print or type name Andrew Benner Date 11-14-19

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

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

SUBMIT