

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

	DRESS OF PROPERTY: W State St		
NA	ME AND ADDRESS OF C	OWNER:	
Nar	me(s): THE PROVINCE OF S	ST JOSEPH OF THE CAPUCHIN ORDE	ER: St Benedict Friory
Add	iress: 1015 N 9TH ST	e.	
City	: Milwaukee	State: WI	ZIP: 53233
Em	ail;	70 D. Director (A. E. d. a. State & the disclosion disclosion and assessment of the second of the se	kaan kala aa maan ka kee kaan aan ka maa ah ka
Tele	ephone number (area code	e & number) Daytime:	Evening:
		State: WI	
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Tele	ephone number (area code	e & number) Daytime: 414-944-9110	Evening:please call the HPC Office
ATT			
ATT at 4	14-286-5712 for submittal	requirements)	
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PLEASE NOTE: YOUR APPLICATION CANNOT BE PROCESSED UNLESS
BOTH PAGES OF THIS FORM ARE PROPERLY COMPLETED
AND SIGNED.

5. **DESCRIPTION OF PROJECT:**

	Replace existing entry awnin conditions on west facade.	ngs on east facade with new	construction, replicating ex	kisting awning
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SUBMIT

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