

## CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

The selection of the second	DRESS OF PROPERTY: 530 N. WATER
	ME AND ADDRESS OF OWNER:
Nam	ne(s): Gregory Gorak
Addı	ress: 1/23 5. 25th STreeT
City:	milwavkee State: WI ZIP: 53204
	il:
Tele	phone number (area code & number) Daytime: 4/4-550-/386 Evening:
APP	LICANT, AGENT OR CONTRACTOR: (if different from owner)
Nam	e(s): Constructive Solutions, INC.
Addr	ess: 1740 S. Culhoun Road
City:	New Berlin State: WI ZIP Code: 3315
	: Const. Solutions @ att.net
Telep	phone number (area code & number) Daytime: 4/4-362-8/53 Evening:
ATTA	ACHMENTS: (Because projects can vary in size and scope, please call the HPC Office 4-286-5712 for submittal requirements)
<b>ATT</b> at 414	ACHMENTS: (Because projects can vary in size and scope, please call the HPC Office 4-286-5712 for submittal requirements)  REQUIRED FOR MAJOR PROJECTS:
<b>ATT</b> at 414	REQUIRED FOR MAJOR PROJECTS:
<b>ATT</b> at 414	REQUIRED FOR MAJOR PROJECTS:
ATTA	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 9 1/" x 141")
ATTA at 414	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.
<b>ATT</b> at 414	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)

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.

CT CONSISTS OF Replacing The existing
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6	SIGNAT	IDE OF		
O.	SICTIVAL		ADDI	IV V VIT

Daryn Doberstein

Please print or type name

9/18/20

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