

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

116 W	RESS OF PROPERTY: / Vine St		
NAMI	E AND ADDRESS OF OWN	ER:	
Name	(s) Michael Warecki		****
Addre	ess: 418 N 3rd St Unit 180		
City:_	Milwaukee	State: WI	ZIP: 53203
Email	michael.warecki@gmail.com		
Telep	hone number (area code & n	number) Daytime: 920-858-6825	Evening:
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		RACTOR: (if different from owne	•
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Email: Telepl ATTA at 414 A.	chone number (area code & n CHMENTS: (Because proje -286-5712 for submittal requ REQUIRED FOR MAJOR	number) Daytime:ects can vary in size and scope, purements)	Evening:
Email: Telepl ATTA at 414 A.	chone number (area code & none number (area code & none number) CHMENTS: (Because projected -286-5712 for submittal required FOR MAJOR Photographs of affected and Sketches and Elevation Di	number) Daytime:ects can vary in size and scope, pairements)	Evening: Dlease call the HPC Office Innotated photos recommend to 11" x 17" or 8 ½" x 11"
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Email: Telepl ATTA at 414 A.	CHMENTS: (Because projected -286-5712 for submittal requirements of affected and Sketches and Elevation Draw A digital copy of the photon Material and Design Specience.)	ects can vary in size and scope, purements) PROJECTS: reas & all sides of the building (a rawings (1 full size and 1 reduced s and drawings is also requested ifications (see next page)	Evening:

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

5. **DESCRIPTION OF PROJECT:**

	ell us what you want to d and dimensions. Additiona			aterials, design,	
8	and dimensions. Additional Removing/taking down the estated they had approval. Wapproval. We're looking to stin May. The builder will be seresidential home.	al pages may be attached xisting garage on the prope to purchased the lot Janual art construction of our hor	ed via email. erty. That's all that's ry 2020. Not sure if w ne in June, so would	on it. The previous owner ve need to reapply for like to take down the gara	
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6. SIGNAT	URE OF APPLICANT:				
Signatur	re .				
	had Wareeki		4.29-21		
	orint or type name supporting documentatior		Date	mail) on the deadline de	ito ostablishos
	at the next Historic Prese	· · · · · · · · · · · · · · · · · · ·			
the meeting will n staff will assist yo	ot be considered by the C ou.	Commission during their	deliberation. Pleas	se call if you have any q	uestions and
Mail or Email For Historic Preserve City Clerk's Office 841 N. Broadwa Milwaukee, WI 5	ation Commission ce y, Rm. B1				
PHONE: (414) 2	286-5712 or 286-5722	hpc@milwaukee.go	v www.milv	waukee.gov/hpc	

SUBMIT

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