



***East Side Business Improvement District #20
Architectural Review Board***

Certificate of Appropriateness Application

1. Name of Property/Business: _____
Address of Property: _____

2. Name and Address of Property Owner
Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Telephone (day): _____

Applicant name, if different from owner: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Telephone (day): _____
Email Address: _____

3. Description of Project

Urban Principles and Guidelines

In this section, the applicant should describe how the project addresses the principles outlined in the Urban Design section of the East Side Architectural Review Board Design Guidelines (ARBDG).

Describe proposed new building type as defined by ARBDG (Section "Building Type"). If your project is not a new building or redevelopment project, this section does not apply.

New Building Type: _____

Describe how the proposed new building or rehabilitation project will address the specific categories as defined by ARBDG (Section "Architecture").

Massing: _____

Wall Openings: _____

Dressing the Building: _____

Meeting the Ground: _____

Roof and Sky Silhouette: _____

Projected Elements: _____

Site work and Vegetation: _____

Describe your building's frontage type as defined in the ARBDG. Please be specific.

Frontage Type: _____

Describe your proposed building's street edge or rehabilitation project as defined in the ARBDG. Please be specific and this should include building details and materials. Your response should include but not be limited to: windows, doors/entrances, signs, architectural detail, lighting, and color and material samples. Please use extra sheets as needed.

One copy of the following information should be enclosed:

- Exterior photographs
- Sketches, elevation drawings and/or annotated photographs
- Floor plans (only as they relate to exterior plans)
- Site plan showing relative location of adjoining structures
- Specifications
- Material samples
- Other (explain)

Signature of owner: _____

Signature of applicant (if different than above): _____

Date: _____

Return to:
East Side Business Improvement District
P.O. Box 510197, Milwaukee WI 53203
(262) 930-7707 / director@theeastside.org