



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)

F. SUMNER HOUSE

ADDRESS OF PROPERTY:

2903 W. McKinley Blvd

2. NAME AND ADDRESS OF OWNER:

Name(s): Ben Tomes

Address: 2903 W. McKinley Blvd.

City: Milwaukee State: WI ZIP: 53208

Email: coachtomes@hotmail.com

Telephone number (area code & number) Daytime: _____ Evening: 262-391-7617

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

Name(s): Caroche Swaim / Boyer of Summer CTSwaims *Construction Remodel*

Address: 7231 W. Fiebrantz Ave

City: MILWAUKEE State: WI ZIP Code: 53208

Email: soalire79@gmail.com

Telephone number (area code & number) Daytime: 414-499-0678 Evening: SAME

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.

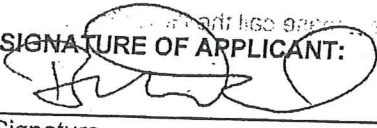


5. DESCRIPTION OF PROJECT:

Tell us what you want to do. Describe all proposed work including materials, design, and dimensions. Additional pages may be attached via email.

We are adding a garage, using the original plans for my place's 1st garage, built shortly after my home was completed. We are also looking at replacing windows, without altering the look of the house. We are replacing basement windows with black glass, and repairing woodwork that has rotted out. (The picture w/ garage super-imposed over it does not reflect an exact color scheme or design.)

6. SIGNATURE OF APPLICANT:



Signature

BENJAMIN M TOMES

Please print or type name

Date 9/5/19

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

www.milwaukee.gov/hpc

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

SUBMIT