



# 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)

HISTORIC WATER TOWER

ADDRESS OF PROPERTY:

2205 N. LAKE DRIVE

2. NAME AND ADDRESS OF OWNER:

Name(s): ERIC WAGNER

Address: 2205 N. LAKE DRIVE

City: MILWAUKEE State: WI ZIP: 53202

Email: ewagner@lowlandsgroup.com

Telephone number (area code & number) Daytime: 414.975.6509 Evening: SAME

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

Name(s): KELLY DENK

Address: 1212 E. BURLEIGH

City: MILWAUKEE State: WI ZIP Code: 53212

Email: kelly@denkandco.com

Telephone number (area code & number) Daytime: 414.759.7887 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: N/A - MINOR PROJECT

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: N/A - REMODEL PROJECT

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.

THIS IS AN INTERIOR KITCHEN REMODEL THAT WILL REQUIRE 2 MINOR CHANGES TO THE EXTERIOR.

1. REPLACE 3 SOUTH FACING WINDOWS TO MATCH THE HEAD HEIGHT OF ALL ADJACENT WINDOWS

2. REPAIR AND REPLACE WINDOW OVER KITCHEN SINK, AND REPAIR/REPLACE SIDING AROUND THE WINDOW. THIS IS AN EXISTING NORTH FACING BAY OF THE KITCHEN.

SEE ATTACHED APPENDICES 1-5

6. SIGNATURE OF APPLICANT:

Signature

KELLY DENK

Date

9.5.2018

This form and all supporting documentation **MUST** arrive by 12:00 noon 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) 286-5722

[hpc@milwaukee.gov](mailto:hpc@milwaukee.gov)

[www.milwaukee.gov/hpc](http://www.milwaukee.gov/hpc)

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

**SUBMIT**

6/22/12