



# 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)**

Milton Kaiser House

**ADDRESS OF PROPERTY:**

2630 N Grant Blvd, Milwaukee, WI

**2. NAME AND ADDRESS OF OWNER:**

Name(s): CMC Holdings LLC

Address: 1966 S 6th St

City: Milwaukee

State: WI

ZIP: 53204

Email: ccousineau15@yahoo.com

Telephone number (area code & number) Daytime: 2624421006

Evening: 2624421006

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

Name(s): Chris Cousineau

Address: 2624 N Grant blvd

City: Milwaukee

State: WI

ZIP Code: 53210

Email: ccousineau15@yahoo.com

Telephone number (area code & number) Daytime: 2624421006

Evening: 2624421006

**4. ATTACHMENTS:** (Because projects can vary in size and scope, please call the HPC Office at 414-286-5712 or 414-286-5722 for submittal requirements)

**A. REQUIRED FOR MAJOR PROJECTS:**

\_\_\_\_\_ Digital photographs of affected areas & all sides of the building

\_\_\_\_\_ Sketches and Elevation Drawings in PDF form. New construction, major storefront remodels, etc., must provide one set of D or E size drawings and sections

\_\_\_\_\_ Material and Design Specifications (please attach)

**B. NEW CONSTRUCTION ALSO REQUIRES:**

\_\_\_\_\_ Floor Plans (show fenestration and approximate wall locations, final floor plans are not required)

\_\_\_\_\_ 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.**

**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.

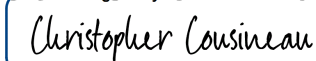
Front facing Fence at 6ft with top 2ft open design. Will match existing fence on neighboring home. Photos attached.

Rear Yard Fence at 6ft, will match existing fence on neighboring home. Photos attached.

All material will be high quality cedar-tone wood, same as neighboring home.

**6. SIGNATURE OF APPLICANT (owner signature required for demolition):**

On As of:



Signature

Christopher Cousineau

Please print or type name

9/19/25

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.

**Email Form to:** [hpc@milwaukee.gov](mailto:hpc@milwaukee.gov)

Historic Preservation Commission  
841 N. Broadway, Rm. B1  
Milwaukee, WI 53202

**PHONE: (414) 286-5712 or 286-5722**

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

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**SUBMIT**