



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)

ADDRESS OF PROPERTY:

2712-14 W. McKinley

2. NAME AND ADDRESS OF OWNER:

Name(s): DE BONA HOLDINGS L.L.C.

Address: 21265 MARY LYNN DR.

City: BRONKFIELD

State: WI

ZIP: 53045

Email: d.debona@gmail.com

Telephone number (area code & number) Daytime: 414-530-4469 Evening: 414-530-4469

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

Name(s): DOUG DE BONA

Address: 21265 MARY LYNN DR.

City: BRONKFIELD

State: WI

ZIP Code: 53045

Email: d.debona@gmail.com

Telephone number (area code & number) Daytime: 414-530-4469 Evening: _____

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.

REMOVE FAILING SHINGLES ON GARAGE, RE-DECK AS NEEDED, APPLY NEW FELT PAPER, ICE & WATER, NEW DRIP EDGE & GUTTER APRON.
REPLACE EXISTING VINYL SIDING (3 PIECES BROKEN) WITH SAME PRODUCT
INSTALL NEW G.A.F. TIMBERLING NATURAL SHADOW COLOR: WEATHERED WOOD SHINGLES
INSTALL NEW PRE-HUNG 6-PANEL SERVICE DOOR SAME DIMENSION AS EXISTING

6. SIGNATURE OF APPLICANT:


Signature

DOUG DEBONA
Please print or type name

5/23/19
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.

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

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