



CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.
Please print legibly.

RECEIVED
MAY 16 2017

1. HISTORIC NAME OF PROPERTY OR HISTORIC DISTRICT: (if known)

ADDRESS OF PROPERTY:

2813 NORTH Sherman BLVD.

2. NAME AND ADDRESS OF OWNER:

Name(s): LYNN TUCKER

Address: 2813 N. Sherman BLVD.

City: MILW State: WIS ZIP: 53210

Email: Earsche V @ Yahoo . com

Telephone number (area code & number) Daytime: (414) 444-5020 Evening: SAME

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

Miguel Salgado
Operations Manager

Name(s): ARMSTRONG General Contracting

Address: 1011 West Somers Street

City: MILW State: WIS ZIP Code: 53205

Email: Miguel@armstronggc.com

Telephone number (area code & number) Daytime: (414) 831-5852 Evening: (787) 299-7502

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.

6.

SIGNATURE OF APPLICANT:

Lynda Tucker
Signature

LYNDA TUCKER
Please print or type name

05-3-17
Date

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.

Hand Deliver or Mail Form to:
Historic Preservation Commission
City Clerk's Office
200 E. Wells St. Room B-4
Milwaukee, WI 53202

PHONE: (414) 286-5722

FAX: (414) 286-3004

www.milwaukee.gov/hpc

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

SUBMIT

| | | | |
|--|--|--------------------------|-----------------|
| SCOPE OF WORK (STRONG) | | | |
| Lynda Tucker (414) 444-5020 | | | |
| 2811-13 N. Sherman Bl. 53210-1702 | | <i>Rehab Specialist:</i> | |
| | | John Burke 286-5652 | |
| | | <i>Loan Officer:</i> | |
| Scope date: 5/23/16 | | Greg Johnson 286-5692 | |
| Revised dates: 7/8/16, 8/30/16, (Reformat Only 9/15/16), 9/16/2016 | | | |
| Both the "Rehabilitation and Technical Specifications and Performance Standard for the City of Milwaukee - February, 2006" and the "NIDC Addendum to Specifications," dated 8/23/07 & 5/13/08, are incorporated into this scope by reference. These items provide an outline of materials requirements & performance expectations. Updated copies can be obtained from NIDC @ 809 N Broadway-3rd Flr. | | | |
| Lead Related Work: Any task that disturbs previously painted surface shall be performed by properly certified personnel and follow the State of Wisconsin Department of Health Services Administrative Code Chapter DHS 163 regarding the certification for the identification, removal and reduction of lead-based paint hazards (Pb). | | | |
| And, if applicable: <input type="radio"/> YES <input checked="" type="radio"/> NO | | | |
| Any task that disturbs a previously painted surface requires Milwaukee Health Department notification (Pb-N). Window replacement shall be performed by properly certified personnel and requires a Milwaukee Health Department Permit (Pb-A). | | | |
| Miscellaneous: The contractor is responsible to field verify all measurements, the amount of materials needed, and the number of windows in the building. If any item in this scope calls for a certain manufacturer, model number, or approved equivalent of a particular item, and that item is to be substituted, both NIDC and the owner must approve the substitution in writing as a part of the contract. | | | |
| 1 SITE | | Code | Cost Est |
| 2 Replace defective/cracked/un-level walkway sections from City walk to alley. Include replacement of front service steps and section/landing to garage service door. Pour in such a way to raise the height of the walk and help reduce water puddling. Use topsoil to fill and pitch away from building and new walk areas. Owner to seed, protect and maintain new topsoil areas. | | PR | |
| 3 | | | |
| 4 | | | |
| 2 EXTERIOR HOUSE | | | |
| 3 Replace rotted and defective wood shake siding pieces to match existing style and pattern for entire building including gables and dormers. Include replacement of newer shakes at front that are not installed properly. Prep and paint all wood shake siding including gables and dormers. | | PR-Pb | |
| 5 Repair, prep and paint all previously painted trim surfaces of the building. Include door and window trim, sashes, storms, screens, doors, storm doors, soffit, fascia, rafter tails, all decorative trim, front and rear porches, brackets, guardrails, basement/attic windows, etc. Remove loose glazing putty from all windows and storms and reglaze. | | PR-Pb | |
| 6 Demo out defective front porch concrete deck. Install forms, footings, posts, beams as needed to support new concrete deck. Install reinforcement and pour new deck south of front porch enclosure. Correct all brick-work as needed. Broom finish new concrete deck. | | PR | |
| 7 Tuck-point house and chimneys. Use matching mortar. Install neatly with no over-splash on brick. Clean brick in newly tuck-pointed areas so that repairs are not noticable. | | PR | |
| 8 | | | |
| 9 | | | |
| 10 INTERIOR | | | |
| 11 Remove falling ceiling tile and track system for the 1st floor front bedroom. Correct original ceiling. Prep and paint same. | | PR | |
| 12 Replace all defective outlets throughout the building including basement, halls, stairwells and attic. Install GFCI's where required. Install grounded type per code. (permit) | | PR | |
| 13 Owner to coordinate with City Inspectors office to close out three open electrical permits, dated 9/4/2015, 10/12/2015, and 3/9/2016. (SELF HELP) | | R | |

| | | | |
|----|------------------------------------|------------------|--|
| | SCOPE OF WORK (STRONG) | | |
| | Lynda Tucker (414) 444-5020 | | |
| 14 | | | |
| 15 | | | |
| 16 | | TOTAL EST | |
| 17 | | | |
| 18 | Prepared by: | Date: | |
| 19 | | | |
| 20 | Owner Approval: | Date: | |