



## 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)

NORTH POINT

ADDRESS OF PROPERTY:

2605 N SUMMIT AVE

2. NAME AND ADDRESS OF OWNER:

Name(s): JAMES & AGNES STARNES

Address: 2605 N SUMMIT AV

City: MILW State: WI ZIP: 53211

Email: JL MERIDIAN@GMAIL.COM

Telephone number (area code & number) Daytime: 414-745-1201 Evening: SAME

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

Name(s): RENAISSANCE

Address: 2231 HAWKEY DRIVE

City: BEAVER State: IL ZIP Code: 61008

Email: \_\_\_\_\_

Telephone number (area code & number) Daytime: \_\_\_\_\_ 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.

*SEE ATTACHED*

6. **SIGNATURE OF APPLICANT:**

  
\_\_\_\_\_  
Signature

*JAMES C. STEARNS*  
\_\_\_\_\_  
Please print or type name

January 30 2025  
\_\_\_\_\_  
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](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**