



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 South Historic District

ADDRESS OF PROPERTY:

2209 E Kenilworth Place

2. NAME AND ADDRESS OF OWNER:

Name(s): Barbara Martin

Address: 2209 E Kenilworth Place

City: Milwaukee

State: WI

ZIP: 53202

Email: bgierke47@gmail.com

Telephone number (area code & number) Daytime: 702-468-0990

Evening: 702-468-0990

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

Name(s): Thoughtful Craftsmen

Address: 125 W Melvina Street

City: Milwaukee

State: WI

ZIP Code: 53212

Email: ideas@thoughtfulcraftsmen.com

Telephone number (area code & number) Daytime: 414-963-1909

Evening:

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.

Repair, replace, & paint damaged & deteriorating wood trim on the house. The work is to restore to original, no esthetic changes. The work is being done at the request of our homeowner's insurance company, copy of their letter is attached to this submission. The proposal (attached) from Thoughtful Craftsman describes how the work will be done.

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

Barbara Martin
Signature

Barbara Martin

Please print or type name

9/7/2025

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.

Email Form to: 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

Or click the **SUBMIT** button to automatically email this form, if using an app such as Outlook or Apple Mail. The submit button does not work with web-based email interfaces.

SUBMIT