



# 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)

Sherman Boulevard Historic District

**ADDRESS OF PROPERTY:**

2216 N. Sherman Blvd.

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

Name(s): Mike and Stephanie Akimoff

Address: 11227 Clark Road SE

City: Yelm

State: Washington

ZIP: 98597

Email:

Telephone number (area code & number) Daytime: Evening:

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

Name(s): Tony Hopson

Address: 2121 N. 36th St.

City: Milwaukee

State: WI

ZIP Code: 53208

Email: madiddy7@gmail.com

Telephone number (area code & number) Daytime: 414-544-3897 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:**

xxxxx 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.

xxxxx 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.

1) Repair Bricks on pillar with Type O mortar w/ Knife joints to match EXSisting Pillar. (Front side)

2) Replace missing tiles on rear of house w/ Similar or like material. /OR will REMOVE tiles on Door wall From ground to top under Porch. (Rear ~~SOUTH~~ side)

3) Replace missing baluster on front railing

6. SIGNATURE OF APPLICANT:



Signature

Tony Hopson  
Please print or type name

9-23-2013  
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](http://www.milwaukee.gov/hpc)

**SUBMIT**



