



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 Blvd Historic District

ADDRESS OF PROPERTY:

2716 N SHERMAN BLVD MILW WI

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

Name(s): The Allyn Group LLC

Address: 6700 W Fairview Ave

City: Milwaukee, State: WI

ZIP: 53213

Email: jb@mpmwi.com

Telephone number (area code & number) Daytime: 414-313-2046 Evening: 414-313-2046

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

Name(s): James Beravel

Address: 6700 W Fairview Ave

City: Milw State: WI

ZIP Code: 53213

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.

hpc@milw.gov

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.

Tear off & replace
aged roof house & garage partial

6. SIGNATURE OF APPLICANT:

Signature

Please print or type name

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.

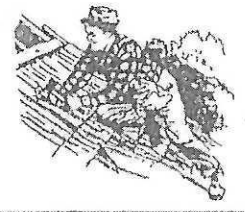
Mail or Email Form to:
Historic Preservation Commission
City Clerk's Office
841 N. Broadway, Rm. B1
Milwaukee, WI 53202

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

Proposal RIVERA'S ROOFING 414-698-5512



1535B South 21st Street
Milwaukee, WI 53204

PROPOSAL SUBMITTED TO:	PHONE (414) 313-2046	DATE 4-02-2021
STREET 2716 W Sherman	JOB NAME New Roof	
CITY, STATE AND ZIP CODE	JOB LOCATION	

We hereby submit specifications and estimates for.

Back of the house 10 Square
 New Shingles
 New gutter apron
 New ice water
 New sintoric felt
 Three new units
 one 45 lot booth
 Back of the → house \$ 3,200.

Garage 7 square → \$ 2,100.
 Flat Roof 24 x 12 → \$ 1,800
 Two more Areas
 From The Garage 7 Two \$ 1,600

8,700.⁰⁰

We Propose hereby to furnish material and labor — complete in accordance with the above specifications, for the sum of:

dollars (\$ _____)

Payment to be made as follows:

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alterations or deviations from the above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, wind damage and other necessary insurance. Our workers are fully covered by Workman's Compensation Insurance.

Authorized Signature _____

Note: This proposal may be withdrawn by us if not accepted within _____ days.

Acceptance of Proposal — The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature _____

Date of Acceptance: _____

Signature _____