



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

ADDRESS OF PROPERTY:

2239-2236 N. TERRACE AVE

2. NAME AND ADDRESS OF OWNER:

Name(s): JEAN-ROBERT HUETIGER REVOCABLE TRUST

Address: 1934 S. PRAIRIE AVE UNIT #3

City: CHICAGO State: IL ZIP: 60616

Email: ostostrack1892@gmail.com

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

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

Name(s): Cris Slawinski

Address: 5201 N. LAKE PR.

City: WFB State: WI ZIP Code: 53217

Email: ostostrack1892@gmail.com

Telephone number (area code & number) Daytime: 414-651-6183 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.

Due to leaking - west side of roof being repaired. Sky light has not been replaced but exterior portion of windows, flashing, & wood surrounding sky light are being replaced. Slate was removed, underlayment replaced & new slate along with existing slate will be replaced. Slate color will match reverse side of original slate.

6. SIGNATURE OF APPLICANT:

M. Cristina Slawinski
Signature

M. CRISTINA SLAWINSKI
Please print or type name

5-25-16
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.

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