



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)

ADDRESS OF PROPERTY:

2. NAME AND ADDRESS OF OWNER:

Name(s): Mrs. Kay Weissman

Address: 2750 N. Grant Blvd.

City: Milwaukee State: WI ZIP

Email: k.weissman@sbcglobal.net

Telephone number (area code & number) Daytime: 445-6651 Evening:

*Printed
11/23/15*

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

Name(s): Norman Dunkelberger

Address: 3327 W. Kilbourn Ave.

City: Milwaukee State: WI ZIP Code: 53208

Email: centaur.restorations.17c@gmail.com

Telephone number (area code & number) Daytime: 414-243-2361 Evening:

4. ATTACHMENTS

A. REQUIRED FOR ALL PROJECTS:

Photographs of affected areas & all sides of the building (annotated photos recommended)

Sketches and Elevation Drawings (1 full size and 2 reduced to 11" x 17" or 8 1/2" x 11")

Material and Design Specifications (see next page)

B. NEW CONSTRUCTION/DEMOLITION ALSO REQUIRES:

Floor Plans (1 full size and 1 reduced to 11" x 17")

Site Plan showing location of project and adjoining structures and fences

Other (explain):

PLEASE NOTE: YOUR APPLICATION CANNOT BE PROCESSED UNLESS BOTH PAGES OF THIS FORM ARE PROPERLY COMPLETED.

5. DESCRIPTION OF PROJECT:

Describe all existing features that will be affected by proposed work. Please specify the condition of materials, design, and dimensions of each feature (additional pages may be attached)

Effect repairs to stucco shell on exterior of house at 2750 N. Grant Blvd with traditional masonry materials. Painting of brickwork Type N mortars. Carpentry repairs to wood trim

Photo No. _____

Drawing No. _____

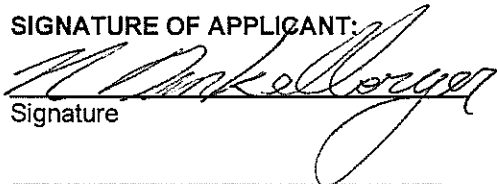
B. Describe all proposed work, materials, design, dimensions and construction technique to be employed (additional pages may be attached)

[Empty box for proposed work description]

Photo No. _____

Drawing No. _____

6. SIGNATURE OF APPLICANT:


Signature

Print or type name _____

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

PHONE: (414) 286-5722

FAX: (414) 286-3004

www.milwaukee.gov/hpc