

## CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

|  | Avenue, Milwaukee WI 53211   |                               |
|--|--|-------------------------------|
|  | DDRESS OF OWNER:   |                               |
| Name(s):Andr                             | ew and Kate Biebel   |                               |
| Address: 2669                            | N Terrace Avenue   |                               |
| City: Milwauke                           | State: WI  | ZIP: <u>53211</u>             |
| Email: k.mater                           | nowski@gmail.com   |                               |
| Telephone nu                             | mber (area code & number) Daytime: 414-430-6210  | Evening: 414-430-6210         |
|  | mber (area code & number) Daytime:   |                               |
| ATTACUMEN                                | TS: (Because projects can vary in size and scope, p<br>12 for submittal requirements)  | please call the HPC Office    |
| at 414-286-57                            | IRED FOR MAJOR PROJECTS:   |                               |
| at 414-286-57 <b>A. REQ</b>              | IRED FOR MAJOR PROJECTS: graphs of affected areas & all sides of the building (a   | nnotated photos recommende    |
| at 414-286-57 <b>A. REQU</b> Photo Sketc |  | d to 11" x 17" or 8 ½" x 11") |
| A. REQUE  Photo Sketc A digi             | graphs of affected areas & all sides of the building (a  | d to 11" x 17" or 8 ½" x 11") |
| A. REQU Photo Sketc A digi Mater         | graphs of affected areas & all sides of the building (annes and Elevation Drawings (1 full size and 1 reduce tal copy of the photos and drawings is also requested | d to 11" x 17" or 8 ½" x 11") |

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 via email.

We propose to replace the existing garage door and back service door, both south-facing, with matching fiberglass doors in a wood grain pattern and walnut color. The exisiting garage door is wood and was painted brownish-orange by a previous owner. The exisiting garage door needs to be replaced, as it is malfunctioning and also is letting in far too much cold air to the heated garage. Our proposal would not change the size of the doors; this proposal is for door replacement only. Both the garage and service doors are not visible from the street.

We propose to use Clopay doors in wood grain finish and walnut color.

See attached photos of the existing facade and the proposed replacement doors.

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|    |        |        |         |         |

| Kate Buebel<br>Signature  | _          |  |
|---------------------------|------------|--|
| Kate Biebel               | 10-17-2022 |  |
| 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.

