

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) HistoricConcordia			
	ADDRESS OF PROPERTY: 2734WStateStreet			
2.	NAME AND ADDRESS OF OWNER:			
	Name(s):EvanGoyke			
	Address: 2734WStateStreet			
	City: Milwaukee State: WI ZIP: 53208			
	Email: evan.goyke@gmail.com			
	Telephone number (area code & number) Daytime: (414)418-1768 Evening: (414)418-1768			
3.	APPLICANT, AGENT OR CONTRACTOR: (if different from owner)			
	Name(s):			
	Address:			
	City: ZIP Code:			
	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 or 414-286-5722 for submittal requirements)			
	A. REQUIRED FOR MAJOR PROJECTS:			
	Digital photographs of affected areas & all sides of the building			
	Sketches and Elevation Drawings in PDF form. New construction, major storefront remodels, etc must provide one set of D or E size drawings and sections			
	Material and Design Specifications (please attach)			
	B. NEW CONSTRUCTION ALSO REQUIRES:			
	Floor Plans (show fenestration and approximate wall locations, final floor plans are not required)			
	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.

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. Repairandrestoreoriginalwindows.InstallmadetoorderMarvinwoodstormwindowstoreplacemissingornonco informingaluminumstormwindows.Stormwindowswillmatchhistoricrequirementsandwillfollowthesamedesi gnaspreviouslyapprovedprojectsonthewestandnorthsidesofourhome.Windowrestorationwillincludesandin g,painting,reglazing,andrepairofanyrottedareas,aswellasreconnectingwindowshashesandshashweights. Sevenwindowstotal,allonthefirstfloor.Fivewindowsfaceeast,twosouth.Twoofsevenareoperable,theresthav eneverbeenopenedinthe14yearsi/veownedthehome.ProjectwillbecompletedbyQuaintMilwaukeecontracto rs.		

6.	SIGNATURE OF APPLICANT (owner signature required for demolition):		
	=n106=		
	Signature	-	
	EvanGoyke	9/12/25	
	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.

Email Form to: hpc@milwaukee.gov

Historic Preservation Commission 841 N. Broadway, Rm. B1 Milwaukee, WI 53202

PHONE: (414) 286-5712 or 286-5722 www.milwaukee.gov/hpc

Or click the SUBMIT button to automatically email this form, if using an app such as Outlook or Apple Mail. The submit button does not work with web-based email interfaces.

