



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 area

ADDRESS OF PROPERTY:

2565 n grant blvd

2. NAME AND ADDRESS OF OWNER:

Name(s): mrs barnett

Address: 2565 n grant blvd

City: milwaukee

State: wisconsin

ZIP 53210

Email:

Telephone number (area code & number) Daytime: 414-444-5951

Evening: same

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

Name(s): alfonzo dupree

Address: 2923 n 36th street

City: milwaukee

State: wisconsin

ZIP Code: 53210

Email: mahdee131

Telephone number (area code & number) Daytime: 414-519-2262

Evening: 414-875-9698

4. ATTACHMENTS

A. REQUIRED FOR ALL PROJECTS:

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

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

yes _____ Material and Design Specifications (see next page)

B. NEW CONSTRUCTION/DEMOLITION ALSO REQUIRES:

no _____ Floor Plans (1 full size and 1 reduced to 11" x 17")

no _____ Site Plan showing location of project and adjoining structures and fences

no _____ 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)

roof tear off no osb boards needed customer has copper valleys lifetime old shingles dry rotted

2903 sq Feet

Photo No. 6

Drawing No. 1

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

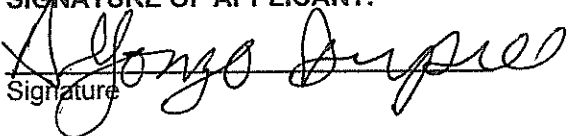
ice and water felt paper drip edges gutter apron timberline shingles hip and ridges

color Hickory
Contractor will install new shingles
Felt Drip-Apron for gutter. Expose
copper valley

Photo No. 6

Drawing No. 1

6. SIGNATURE OF APPLICANT:


Signature

alfonzo dupree
Print or type name

Date

april 27 2012

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

