



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:

2036 N. Lake Drive, Milwaukee WI 53202

2. NAME AND ADDRESS OF OWNER:

Name(s): Toby Reynolds

Address: 2663 N. Wahl, Milwaukee

City: State: WI ZIP: 53211

Email:

Telephone number (area code & number) Daytime: 414-587-7107 Evening:

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

Name(s): A.C.A. Ice

Address: 4915 Romans Way

City: Colgate State: WI ZIP Code: 53017

Email: B.Kenney@charter.net

Telephone number (area code & number) Daytime: 414-915-0018 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 via email.

Purpose: To install two (2) Luxaire Model TCHD18 condensers and associated piping etc. to North wall on East end adjacent to two (2) existing air conditioners condensers. Rheem (green) existing ground mounted air conditioner removal. One (1) Luxaire air conditioner to be stacked over the other by attaching to the masonry wall using brackets. The dimensions of both air conditioning condensers is as follows - 25" tall, 37" wide, and 17.5" deep.

6. **SIGNATURE OF APPLICANT:**


Signature

Robert A. Kenney

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

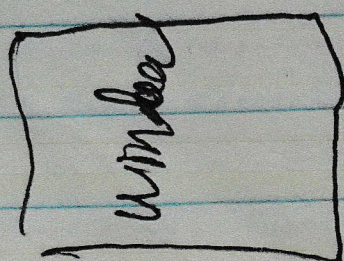
PHONE: (414) 286-5712 or 286-5722

hpc@milwaukee.gov

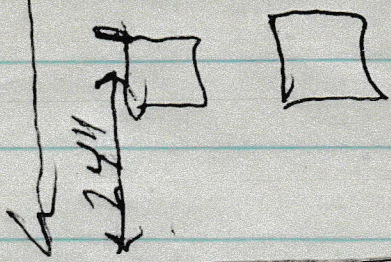
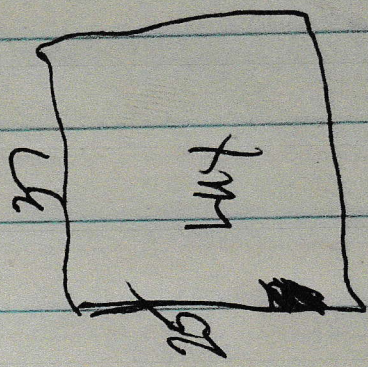
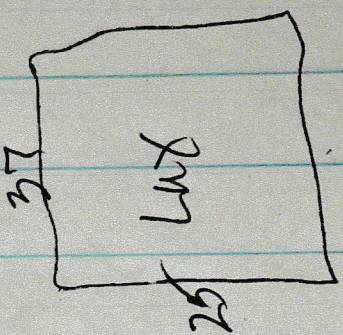
www.milwaukee.gov/hpc

Or click the **SUBMIT** button to automatically email this form for submission.

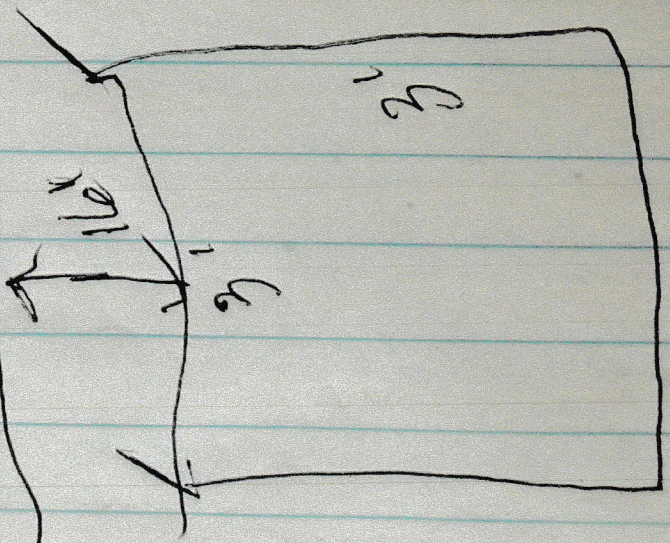
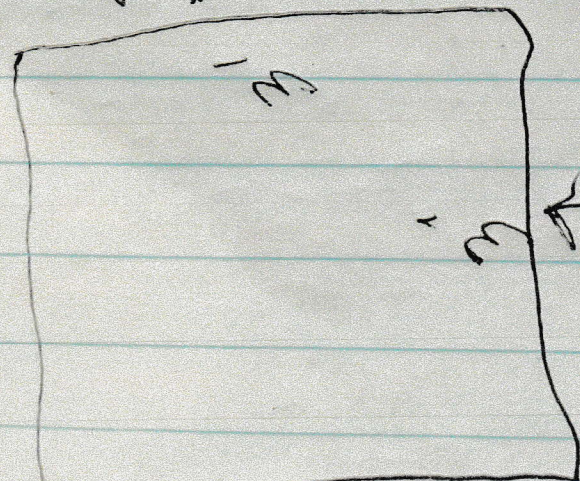
SUBMIT



84" \leftarrow



24" \leftarrow



78" out from wall

LUXAIRE

MOD: TCHD 18

17.5 DEEP

37.5 WIDE

LUXAIRE

MOD: TCHD 18

25
TALL





NORTH SIDE



SOUTH SIDE