



CERTIFICATE OF APPROPRIATENESS APPLICATION FORM
Incomplete applications will not be processed for Commission review. *Red*
Please print legibly.

APR 05 2021

1. **HISTORIC NAME OF PROPERTY OR HISTORIC DISTRICT:** (if known)
Sherman Park Historic District
- ADDRESS OF PROPERTY:** 2775-2779 North Sherman Blvd
2. **NAME AND ADDRESS OF OWNER:**
Name(s): Charles D Hawkins
Address: 2779 N Sherman Blvd
City: Milwaukee State: Wisc ZIP: 53210
Email: hawkinscharles01@icloud.com
Telephone number (area code & number) Daytime: 451-769 Evening: 3917
3. **APPLICANT, AGENT OR CONTRACTOR:** (if different from owner)
Name(s): Art Karos LLC, DBA Artis Chimney & Stone Work
Address: 7455 W. Crossway Road
City: Fox Point, WI State: Wisc ZIP Code: 53217
Email: _____
Telephone number (area code & number) Daytime: 414-436-5434 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.

[Signature] 3-27-21


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.

Re build two 2x3 Chambers
See attachment

I Sent Pictures earlier
Art may have additional
Pictures

6. SIGNATURE OF APPLICANT:



Signature

Charles D Hawkins

Please print or type name

3-22-21

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