



CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

RECEIVED

APR 22 2013

1. HISTORIC NAME OF PROPERTY OR HISTORIC DISTRICT: (if known)
NORTH SHERMAN BOULEVARD HISTORIC PRESERVATION DISTRICT

ADDRESS OF PROPERTY:

TOWNSEND ST. SCHOOL, 3360 N. SHERMAN BL

2. NAME AND ADDRESS OF OWNER:

Name(s): MILWAUKEE PUBLIC SCHOOLS, ATTN, JOHN LINN

Address: 1124 N. 11TH ST.

City: MILW. State: WI ZIP: 53233

Email: linnja@milwaukee.k12.wi.us

Telephone number (area code & number) Daytime: _____ Evening: _____

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

Name(s): JOHN MICELI, EPPSTEIN UHEN ARCHITECTS

Address: 333 E. CHICAGO ST.

City: MILW. State: WI ZIP Code: 53202

Email: johnm@eva.com

Telephone number (area code & number) Daytime: (414) 271-5350 Evening: (414) 332-5463

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.

THIS IS SIMPLY A WINDOW REPLACEMENT PROJECT. MPS WOULD LIKE TO REPLACE THE ORIGINAL WOOD WINDOWS, WHICH ARE WORN & INEFFICIENT, WITH NEW ALUMINUM WINDOWS. THE NEW WINDOWS WOULD HAVE A HISTORIC PROFILE AS SHOWN ON THE ATTACHED DRAWINGS.

6. SIGNATURE OF APPLICANT:

John Miceli
Signature

JOHN MICELI
Please print or type name

4/22/13
Date

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 53202

PHONE: (414) 286-5722

FAX: (414) 286-3004

www.milwaukee.gov/hpc

