

## 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:**

317 W. National Ave. Walker's Point Historic District

2. **NAME AND ADDRESS OF OWNER:**

Name(s): Concorde Investments LLC

Address: 526 W. National Ave. #200

City: Milwaukee State: WI ZIP: 53204

Email: dpachefsky@gmail.com

Telephone number (area code & number) Daytime: 414-477-9526 Evening: \_\_\_\_\_

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

Name(s): Luis Barbosa - (Architect) BMR Design Group, Inc.

Address: 503 W. Lincoln Ave.

City: Milwaukee State: WI ZIP Code: 53207

Email: bmrdesignlb@bizwi.rr.com

Telephone number (area code & number) Daytime: 414-384-2996 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

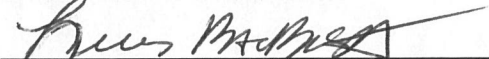
**PLEASE NOTE: YOUR APPLICATION CANNOT BE PROCESSED UNLESS BOTH PAGES OF THIS FORM ARE PROPERLY COMPLETED AND SIGNED.**

**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.

- \* Construct a new rear stair enclosure to protect an existing open rear stair to the basement level
- \* The new walls will be 2 x 6 wood studs @ 16" o.c.
- \* The new exterior siding will match the siding installed at the home
- \* The roof joists will be 2 x 10 wood joists
- \* The new roof system will be a rubber roof fully adhered EPDM roofing

**6. SIGNATURE OF APPLICANT:**

  
\_\_\_\_\_  
Signature

Luis Barbosa  
\_\_\_\_\_  
Please print or type name

August 26, 2020  
\_\_\_\_\_  
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.

**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) 286-5712 or 286-5722**

[hpc@milwaukee.gov](mailto:hpc@milwaukee.gov)

[www.milwaukee.gov/hpc](http://www.milwaukee.gov/hpc)

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

**SUBMIT**