

Certificate of Appropriateness

LIVING WITH HISTORY

Milwaukee Historic Preservation Commission/809 N. Broadway/PO Box 324/Milwaukee, WI 53201-0324/414-286-5712

Property

2030 E. LAFAYETTE PL.

Description of work

Tear off and reroof house and detached garage (front porch shingles to remain and new shingles will match it).

Date issued

6/23/2010

PTS ID 66523 COA, asphalt shingle roof

In accordance with the provisions of Section 308-81(9) of the Milwaukee Code of Ordinances, the Milwaukee Historic Preservation Commission has issued a certificate of appropriateness for the work listed above. The work was found to be consistent with preservation guidelines. The following conditions apply to this certificate of appropriateness:

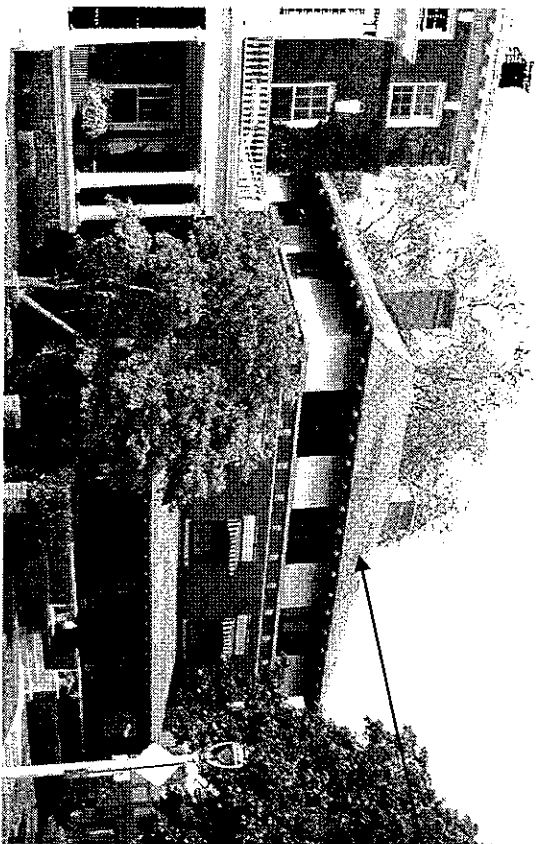
All work will be done according to attached photos and specifications. Shingles will be GAF Timberline Prestique Natural shadow dimensional shingles in weathered wood color. Any new roof vents must be on the rear sloped of the roof where they are not visible from the street. A continuous ridge vent may be installed in place of box vents if desired.

All work must be done in a craftsman-like manner, and must be completed within one year of the date this certificate was issued. Staff must approve any changes or additions to this certificate before work begins. Work that is not completed in accordance with this certificate may be subject to correction orders or citations. If you require technical assistance, please contact Paul Jakubovich of the Historic Preservation staff as follows: Phone: (414) 286-5712 Fax: (414) 286-0232 E-mail: pjakub@milwaukee.gov.

If permits are required, you are responsible for obtaining them from the Milwaukee Development Center. If you have questions about permit requirements, please consult the Development Center's web site, www.mkedcd.org/build, or call (414) 286-8210 or 8211.

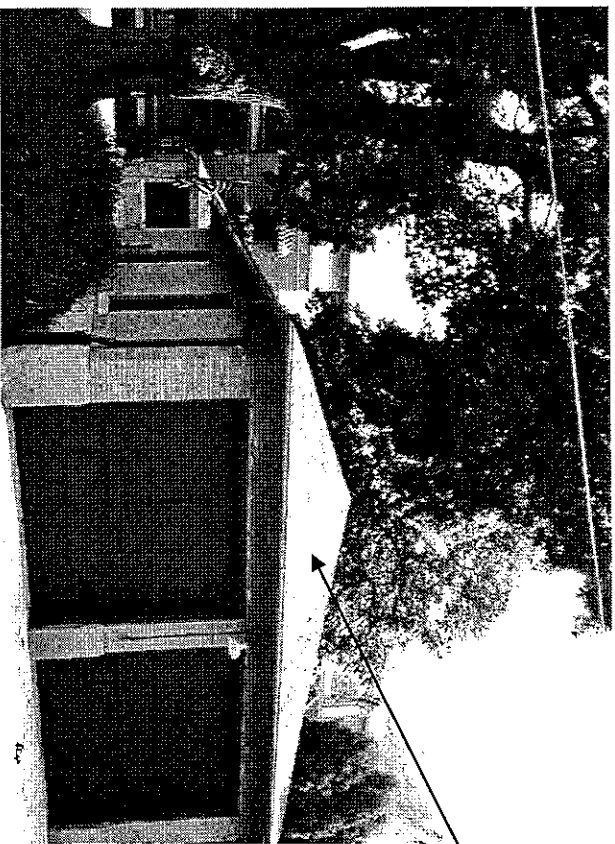
Paul Jakubovich
City of Milwaukee Historic Preservation

Copies to: Development Center, Ald. Nik Kovac, Inspector Jim Friedrichs (286-5982)



Remove existing shingles from hip roof and install new shingles match porch roof.

Box vents must be installed on the rear slope of the roof. Or in their place, a continuous ridge vent can be installed.



Remove existing shingles from garage roof and install new shingles match house.

June 20, 2010

Historic Preservation Division
Department of City Development
1st floor
809 N. Broadway
Milwaukee WI 53202-3617

Dear Sir,

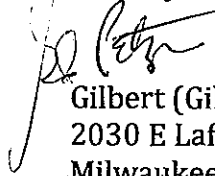
Per my phone conversation with Paul J. I am enclosing our application for a Certificate of Appropriateness regarding the tear off and roofing of our home and garage located at 2030 E. Lafayette Place, Milwaukee WI 53202.

Our home is known as the John P. Murphy Residence and is located in the North Point South Historic District.

It is our understanding from Paul that this application regarding the color of the shingles can be handled by an administrative review. Though listed in the detailed proposal, the shingles proposed are: GAF/ELK Timberline "Natural Shadow" dimensional shingles. The color is: "Weathered Wood".

Please feel free to contact me with any questions or concerns you may have.

Thank you,



Gilbert (Gib) Petzke
2030 E Lafayette Pl
Milwaukee WI 53202
414-224-6442
Email: gibnalden@wi.rr.com

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) NORTH POINT - SOUTH POINT John P. MURPHY Home

ADDRESS OF PROPERTY: 2030 E. LAFAYETTE PL MILWAUKEE WI
53202

2. NAME AND ADDRESS OF OWNER:

Name(s): GILBERT C. PETZKE + ALDEN STOCKERBRAND

Address: 2030 E. LAFAYETTE PL

City: MILWAUKEE State: WI ZIP 53202

Email: GIBNALDEN@WI.ER.COM

Telephone number (area code & number) Daytime: (414) 224-6442 Evening: () same

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

Name(s): _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Email: _____

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

4. ATTACHMENTS

A. REQUIRED FOR ALL PROJECTS:

INCLUDED X Photographs of affected areas & all sides of the building (annotated photos recommended)

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

ATTACHED X Material and Design Specifications (see reverse side)

B. NEW CONSTRUCTION/DEMOLITION ALSO REQUIRES:

____ Floor Plans (1 full size and 1 reduced to 11" x 17")

____ Site Plan showing location of project and adjoining structures and fences

____ Other (explain):

**PLEASE NOTE: YOUR APPLICATION CANNOT BE PROCESSED UNLESS
BOTH SIDES 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)

TEAR OFF + RE SHINGLE HOUSE
+ GARAGE

Photo No. _____

Drawing No. _____

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

Please see attached Roofing Proposal
From our SELECTED CONTRACTOR.
The MANUFACTURE + SHINGLE COLOR
IS INCLUDED IN the Proposal

Photo No. _____

Drawing No. _____

6. SIGNATURE OF APPLICANT:

Signature

Print or type name

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 Form to:
Historic Preservation Division

or

Mail Form to:
Historic Preservation Division
809 N. Broadway

809 North Broadway – 1st Floor
Milwaukee, WI 53202

Milwaukee, WI 53202

PHONE: 414.286-5712

FAX: 414. 286-0232



