



## 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)

Prinz Home

**ADDRESS OF PROPERTY:**

2051-2053 N Palmer St Milwaukee WI 53212

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

Name(s): Joel Laurent

Address: 6455 N Pine Shore Drive

City: Glendale

State: WI

ZIP: 53209

Email: fmxman1564@gmail.com

Telephone number (area code & number) Daytime: 414-467-8333

Evening: same

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

Name(s): Elite Exteriors

Address: 17790 W Liberty LN

City: New Berlin

State: WI

ZIP Code: 53146

Email: scott@eliteexteriorswi.com

Telephone number (area code & number) Daytime: 1-262-641-5760

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.

Full removal of old roof  
Re-deck and re-shingle 3 tab  
New gutters

**6. SIGNATURE OF APPLICANT:**

  
\_\_\_\_\_  
Signature

Joel Laurent  
Please print or type name

08-14-17  
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**

[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**