



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)

Concordia

ADDRESS OF PROPERTY:

825 N. 33 St. Milwaukee, Wis. 53208

2. NAME AND ADDRESS OF OWNER:

Name(s): Ralph V or Evelyn L. Williams

Address: 825 N. 33 St.

City: Milw.

State: Wis.

ZIP 53208

Email:

Telephone number (area code & number) Daytime: 414-931-0392 Evening: Cell 414-852-4007

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

Name(s): Rodriguez Landscape Co. Inc.

Address: 534 W. Madison St.

City: Milwaukee

State: Wis.

ZIP Code: 53204

Email: rodriguez-landscape@yahoo.com

Telephone number (area code & number) Daytime: 414-383-3300 Evening: Cell 414-828-9415

4. ATTACHMENTS

A. REQUIRED FOR ALL PROJECTS:

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")

Material and Design Specifications (see next page)

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 PAGES 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)

Repair 2 chimney by replacing missing mortar on the face of each side.

Photo No. _____

Drawing No. _____

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

Tear off old roof and dispose of. Boards are to be checked and secure or replaced where needed. Install tar paper, dip edges, & 25-30 year dimensional shingles with new air vents where needed. Install new flashing around the base of chimneys and roof valleys. Shingles will be Timberline Natural shadow product charcoal color

Photo No. _____

Drawing No. _____

6. SIGNATURE OF APPLICANT:

Raul Rodriguez
Signature

Raul Rodriguez 6-10-11
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 or Mail Form to:
Historic Preservation Commission
City Clerk's Office
200 E. Wells St. Room B-4
Milwaukee, WI

PHONE: (414) 286-5722

FAX: (414) 286-3004

www.milwaukee.gov/hpc















