



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 North Historic District

ADDRESS OF PROPERTY:

2545 N. Wahl Avenue

2. NAME AND ADDRESS OF OWNER:

Name(s): Sally Peltz (upper) and Chris Bauer (lower)

Address: 2545 N. Wahl Avenue

City: Milwaukee

State: WI

ZIP 53211

Email: speltz@legacyredevelopmentcorp.org

Telephone number (area code & number) Daytime: 414-510-7003

Evening:

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

Name(s): Chris Bauer

Address:

City:

State:

ZIP Code:

Email:

Telephone number (area code & number) Daytime:

Evening:

4. ATTACHMENTS

A. REQUIRED FOR ALL PROJECTS:

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

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

xxx 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)

[Empty box for describing existing features]

Photo No. _____ Drawing No. _____

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

Install new asphalt shingle architectural shingle roof in terra cotta color made by IKO Cambridge on front elevation (existing clay tile shingles on rear elevation will not be removed, front elevation presently has asphalt shingles). Tuckpoint brick in areas only where necessary. Install new balustrade on front porch roof. Install new roof deck covering. Reinstall original terra cotta finials at the outside corners of the house. Install new EPDM material on flat roof of garage. Repair any damaged brick or coping materials on the parapet wall of the garage. Replace missing round Ionic style, fluted wood column that is missing from the front porch. Replace rain gutter on front elevation.

Photo No. _____ Drawing No. _____

6. SIGNATURE OF APPLICANT:

Sally R. Peltz
Signature _____
Sally R. Peltz 10/30/12
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



East elevation. Priority #5 as proposed.

East elevation. Priority #1 as proposed.

Masonry Restoration, Inc
Tony Lipek (414) 731-9111