



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)

Max P. Janisch Duplex

ADDRESS OF PROPERTY:

2823-2825 N. Sherman Blvd.

2. NAME AND ADDRESS OF OWNER:

Name(s): Sammie Jean Todd

Address: 2823-2825 N. Sherman Blvd.

City: Milwaukee

State: WI

ZIP: 53210-1702

Email:

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

414-397-3829

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

Name(s): Sunny Home Improvement, LLC

Address: 3605 W. National Ave

City: Milwaukee

State: WI

ZIP Code: 53215

Email: WWW.Sunnyhomeimprovement.com

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

414-779-4425

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.

Replace Roof and gutters
 - Roof replacement, install new decking, as needed, synthetic underlayment, ice and water shield and lifetime shingles, roof vents, chimney tuck point and flashing.
 Replace gutters with aluminum Seamless

US HERITAGE GROUP
 SC SARAH (e)

6. SIGNATURE OF APPLICANT:

Sammie J. Todd
Signature

Sammie J. Todd
Please print or type name

9/19/2019
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.

Mail or Email Form to:
Historic Preservation Commission
City Clerk's Office
841 N. Broadway, Rm. B1
Milwaukee, WI 53202

PHONE: (414) 286-5722

hpc@milwaukee.gov

www.milwaukee.gov/hpc

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

SUBMIT