



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)

HISTORIC WATER TOWER NEIGHBORHOOD

ADDRESS OF PROPERTY:

2107 E. KENILWORTH PLACE, MILWAUKEE WI 53202

2. NAME AND ADDRESS OF OWNER:

Name(s): REDENTOR L. GALANG/ GLORIA E. GALANG

Address: 2107 E. KENILWORTH PL

City: MILWAUKEE

State: WI

ZIP: 53202

Email: GEGALANG@GMAIL.COM

Telephone number (area code & number) Daytime: 217-8360870

Evening: 217-8360870

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

Name(s): ALLEN KITCHEN AND BATH

Address: 18525 W BLUEMOUND RD.

City: BROOKFIELD

State: WI

ZIP Code: 53045

Email: www.allenkit.com

Telephone number (area code & number) Daytime: 262-3957100

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.

We are going to renovate our kitchen and we want to make the window at the east side of the house wider and replace it with a bay window.
I'll attach an elevation of the bay window with the measurements.
The measurement of the existing window from outside is 38 3/8" wide and 57 3/8" length.
The bay window has a copper roof as shown in the attached picture. All materials will be wood and glass with mullions.

6. SIGNATURE OF APPLICANT:



Signature

Gloria E Galang

Please print or type name

Sept 27, 2018

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