



CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.
Please print legibly.

RECEIVED
JUN 19 2013

1. HISTORIC NAME OF PROPERTY OR HISTORIC DISTRICT: (if known)

COLD SPRING PARK

ADDRESS OF PROPERTY:

3102 W. MCKINLEY BLVD.

2. NAME AND ADDRESS OF OWNER:

Name(s):

JOHN + MARILYN BYRD

Address:

3102 W. MCKINLEY BLVD.

City:

MILWAUKEE

State:

WI

ZIP

53208-2954

Email:

BYRD6537@SBCGLOBAL.NET

Telephone number (area code & number) Daytime

(414) 933-8925

Evening:

SAME

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

Name(s):

J + B CONSTRUCTION CO. INC.

Address:

W140 N10589 FOND DU LAC AVE. UNIT C

City:

GERMANTOWN

State:

WI

ZIP Code:

53022

Email:

FAX: 262-437-0546

Telephone number (area code & number) Daytime

(262)

Evening:

(414) 788-1751

437-0537

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)

ROTTEN MOLDING
BROKEN GUTTERS
TORN SHINGLES
ALL WOOD NEEDS REPLACING

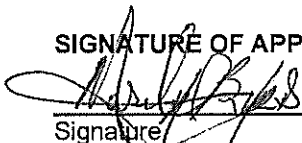
Photo No. _____ Drawing No. _____

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

REPLACING BUILT IN GUTTERS W/CUSTOM MADE COPPER GUTTERS
REPLACING ALL MOLDINGS, SHINGLING TO MATCH OTHER MOLDING AND ROOF
NEW FLASHING AT WALL DETAIL
REPLACING 2 DOWNSPOUTS W/GALVANIZED 3' DOWNSPOUT

Photo No. 4 Drawing No. _____

6. SIGNATURE OF APPLICANT:


Signature
MARILYN BYRD 6/18/13
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

