



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:
2623 East Bellevue Place, Milwaukee, WI 53211

2. **NAME AND ADDRESS OF OWNER:**
Name(s): Peter & Thera Kovac
Address: 2623 East Bellevue Place
City: Milwaukee State: Wisconsin ZIP: 53211
Email: KovacLaw@att.net
Telephone number (area code & number) Daytime: (414) 379-2100 Evening: same

3. **APPLICANT, AGENT OR CONTRACTOR:** (if different from owner)
Name(s): same as owners - see #2
Address: _____
City: _____ State: _____ ZIP Code: _____
Email: _____
Telephone number (area code & number) Daytime: _____ 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 via email.

① Replace existing shingles (which are over 50 years old) on entire roof with GAF Timberline HDZ Architectural shingles Fox Hollow Gray in-color

② Upgrade existing gutters with leaf protection system from Gutter Protection company

6. SIGNATURE OF APPLICANT:

Peter J. Roosa
Signature

Peter J. Roosa
Please print or type name

Peter J. Roosa
Peter Roosa

11-2-2020
Date

This form and all supporting documentation MUST arrive by 4:00 pm (11:59 pm via email) 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) 286-5712 or 286-5722

hpc@milwaukee.gov

www.milwaukee.gov/hpc

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SUBMIT







Get Started



FALL SALE!

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+ an Extra \$100 Off

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Say goodbye to gutter cleaning with gutter guards that are scientifically designed to prevent clogs.

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