



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

ADDRESS OF PROPERTY:

2530 N. Summit Ave.

2. NAME AND ADDRESS OF OWNER:

Name(s): Michael and Karla Benton

Address: 2530 N. Summit Ave.

City: Milwaukee

State: WI

ZIP: 53211

Email: karlahbentoncpa@gmail.com

Telephone number (area code & number) Daytime: 414 962-6332 Evening: 414 962-3767

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

Name(s): Quality Restoration LLC, Robert Bingham

Address: N169 W20170 Georgetown Drive

City: Jackson

State: WI

ZIP Code: 53037

Email: binghambob1@gmail.com

Telephone number (area code & number) Daytime: 262 305-3207 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.

Chimney on north side of building:

Remove the existing concrete cap and top flue from the chimney. Install new top flue and form up for a new concrete cap. Pour a new custom concrete cap with a proper overhang for positive water run-off. Remove the broken and damaged brick from the chimney and replace using brick to match the original as close as possible. Grind out the top of the chimney from the flashing up 100%. Re-tuck point using non-shrinking aggregate mortar with color to match the original as close as possible. Seal up around the top flue, chimney flashing, and under the new concrete cap using Silka-Flex 15 Im Industrial Grade Caulking.

6. SIGNATURE OF APPLICANT:



Signature

Karla H. Benton

Please print or type name

8/7/20

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

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

SUBMIT