



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 Grant Boulevard Historic District- Henry B. Morman House

ADDRESS OF PROPERTY:

2722 N. Grant Blvd., Milwaukee, WI 53210

2. NAME AND ADDRESS OF OWNER:

Name(s) Marjorie Rucker

Address: 2722 N. Grant Blvd.

City: Milwaukee

State: WI

ZIP: 53210

Email: freeiskey@gmail.com

Telephone number (area code & number) Daytime: 414-469-5355

Evening: 414-469-5355

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

Name(s):

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)

N/A 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.

My home and garage need a new roof and my chimney needs some tuck pointing.

The roof of the home and the garage will include a complete tear-off of the existing shingles as well as the sheathing underneath. The sheathing will be replaced with a 7/16 plywood over the roof boards with an asphalt shingle installed over the new sheathing. This roofing project will include all of the required additional items that come with a full roof replacement including new gutters flashings and hangers, installation of ice and water shield at all gutter lines of the home, valley materials and a sewer vent stack flashing with original material. The manufacturer of the shingle that I would like to install is the Atlas Pinnacle Pristine in Weathered Wood.

The chimney requires some tuck pointing, a new flue, cap and flashing. The chimney flashing will be steel and will include a pan.

6. SIGNATURE OF APPLICANT:



Signature

Marjorie Rucker

7-26-22

Please print or type name

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