



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)

EMIL OTT HOUSE

ADDRESS OF PROPERTY:

2121 EAST LAFAYETTE PLACE

2. NAME AND ADDRESS OF OWNER:

Name(s): RANDY BRYANT

Address: 2022 EAST LAFAYETTE PLACE

City: MILWAUKEE

State: WI

ZIP: 53202

Email: RBRYANT@TECHIMNEYS.ORG

Telephone number (area code & number) Daytime: (414)426-2540 Evening: SAME

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

Name(s): MILLEN ROOFING

Address:

City: MILWAUKEE

State: WI

ZIP Code: 532

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.

REPAIR SLATE ROOFING
 REPLACING COPPER SADDLE WHERE
 NEEDED WITH COPPER.

REPLACING COPPER VALLI/S WHERE
 NEEDED WITH COPPER.

USING ORIGINAL VERMONT RED SLATE SHINGLES

6. SIGNATURE OF APPLICANT:



 Signature

RANDY BRYANT

 Please print or type name

9/13/2018

 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



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 SOUTH OTT HOUSE

ADDRESS OF PROPERTY:

2121 EAST LAFAYETTE PLACE MILWAUKEE, WI 53202

2. NAME AND ADDRESS OF OWNER:

Name(s): RANDY BRYANT

Address: 2022 EAST LAFAYETTE PLACE

City: MILWAUKEE State: WI ZIP: 53202

Email: RBRYANT@TENCHIMNEY.ORG

Telephone number (area code & number) Daytime: (414)4262590 Evening: _____

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

Name(s): _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Email: _____

Telephone number (area code & number) Daytime: _____ Evening: _____

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5. DESCRIPTION OF PROJECT:

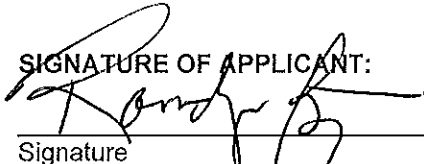
Tell us what you want to do. Describe all proposed work including materials, design, and dimensions. Additional pages may be attached.

REPLACE DEFECTIVE RUBBER MEMBRANE ABOVE FRONT BAY WINDOW AND OVER SOLARIUM WITH LIKE MATERIAL.

REPLACE ALUMINUM OR MISSING DOWNSPOUTS WITH HISTORICALLY APPROPRIATE COPPER.

REPLACE MISSING OR DAMAGED GUTTERS WITH HISTORICALLY APPROPRIATE COPPER

6. SIGNATURE OF APPLICANT:



Signature

RANDY BRYANT

Please print or type name

12/18/2017

Date

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Hand Deliver or Mail Form to:
Historic Preservation Commission
City Clerk's Office
200 E. Wells St. Room B-4
Milwaukee, WI 53202

PHONE: (414) 286-5722

hpc@milwaukee.gov

www.milwaukee.gov/hpc

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