



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)

Sherman Boulevard Historic District

ADDRESS OF PROPERTY:

2830 N. Sherman Blvd.

2. **NAME AND ADDRESS OF OWNER:**

Name(s): Makela Hutchins

Address: 11 Monroe Drive

City: biloxi

State: MS

ZIP: 39531

Email:

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

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

Name(s): Edgar Robertson

Address: P.O. Box 16531

City: Milwaukee

State: WI

ZIP Code: 53216

Email:

Telephone number (area code & number) Daytime: 414-793-4406 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:

xxxxxx 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.

xxxxx 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.

Install new smooth cement board siding (no wood grain). Install new GAF Timberline Natural Shadow shingles in weathered wood. repair soffits and fascia and install new K-style gutters. Install new steel garage door which will be made to look like a traditional sliding or swinging door.

6. SIGNATURE OF APPLICANT:


Signature

Edgar Robertson

Please print or type name

9-26-2013

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 53202

PHONE: (414) 286-5722

FAX: (414) 286-3004

www.milwaukee.gov/hpc