

— City of Milwaukee  
Department of Neighborhood Services  
**Application for Re-roofing Permit**

---

**Project details:**

Job address: 3034 State St. Job cost: \$ 8,165.32

- Commercial, industrial, government, mixed-use, multi-family residential (7 or more units)
- Multi-family residential, 3 to 6 units (City home improvement contractor license required)

**EXTENT OF RE-ROOFING WORK** (*attach estimate or scope of work*):

- REPAIR: reconstruction or renewal of any part of an existing roof for the purposes of its maintenance.
- RECOVER: installing an additional roof covering over a prepared existing roof covering without removing the existing roof covering.
- REPLACEMENT: removing an existing roof covering, repairing damaged substrate and installing a new roof covering.
- Modifications or repairs to the structural system (*see note a*)
- Changes in the roof system or covering resulting in an increased dead load of 5% or more (*see note a*)

**A permit is not required for the following work if it does not affect the roof structural system** (*see note d*):

- Repair, recover or replacement of any quantity of roof covering on 1 & 2 family dwellings;
- Repair, recover or replacement of roof covering affecting up to 1,000 SF or 25% of the roof surface, whichever is less, in all other use groups;
- Roofing work approved as part of the general construction plans and permit.

Work area: 15.33 (Sq Ft) and 100 % of overall roof area (*as indicated below*)

Portion of roof affected (*i.e. north half, entire, upper roof, etc.*): Entire Roof

Proposed roof covering material: Oakridge Desert Tan (Owens Corning)

IBC roof assembly fire classification (*check one*): A: \_\_\_\_\_ B: \_\_\_\_\_ C or non-classified: X (*see note b*)

Proposed insulation type & R-value (*see note c*): N/A

**BUILDING INFO:** No. of stories: 2 IBC construction type: \_\_\_\_\_ Overall roof area: \_\_\_\_\_ (Sq Ft)

Is the building volume > 50,000 cubic feet (*circle one*): YES / (NO) / UNDETERMINED

*In consideration of a complete application the Commissioner invokes his authority, under s.200-26-1-f MCO, to waive the requirement to submit plans and specifications for re-roofing work. This waiver does not extend to work scopes affected by notes (a) or (b).*

---

**Fees: \$309.72 total** (*eff. 01/01/2020*)

- Review = \$195 flat fee + \$3.12 Training & Tech surcharge = \$198.12
- Permit = \$100 flat fee + \$1.60 Training & Tech surcharge + \$10 processing fee = \$111.60

---

**Applicant information:**

Owner: Carlo George Phone: 414-745-7496  
Address: 3034 W. State St.  
City: Milw. State: WI Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

Contractor: Accent Construction & Remodeling Phone: 262-293-2646  
Agent/License holder: Deon Rossey Jr City license #: 0201065  
Address: 5515 W. Florist Ave # 259085  
City: Milwaukee State: WI Zip: ~~53218~~ 53218 # 1077988  
Email: deon@accent24hr.com

---

**Certification and acknowledgment:**

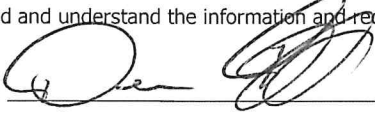
In lieu of plan examination and inspections I attest the proposed work complies with the re-roofing requirements of the Wisconsin Commercial Building Code, IEBC-2015 sections 706-708 & IBC-2015 Ch. 15 as applicable. All work will be performed and completed in compliance with any plans and specifications as submitted to the City of Milwaukee and will conform to the relevant requirements of the Milwaukee Code of Ordinances as well as all laws and orders of the State of Wisconsin and the United States of America.

- (a) Modifications or repairs to the structural system, or changes in the roof system or covering resulting in an increased dead load of 5% or more, requires full plan submittal and review and a building permit.
- (b) This approval is valid only for roof assemblies with a Class A or B fire classification as per IBC chapter 15. Class C or non-classified roofs will require full plan submittal and review and a building permit.
- (c) Removal of above-deck insulation requires replacement with minimum R-20 continuous insulation. Insulation affected within other roof assemblies, such as metal building roofs, shall comply with the values specified in WI SPS 363.0503 [IECC-2009 tables 502.2(1)] or 363.5503 [IECC-2009 table R402.1.2] as applicable.
- (d) Work affecting properties within locally-designated historic districts, Neighborhood Conservation districts or BID-Architectural Review Board areas (e.g. Third Ward & East North Ave) must obtain separate approvals regardless of permit exemptions.
- (e) If an asbestos project is included as part of the work, the re-roofing permit shall not be issued without the concurrent application and issuance of an asbestos project permit.

Separate Dept. of Public Works permits must be obtained for occupancy of the street, alley, sidewalk or other public right-of-way.

No asbestos project, as defined in Ch. 66 of the Milwaukee Code of Ordinances, is included in the work performed under this permit. I understand that any falsification or misinformation may result in penalties prescribed in the Milwaukee Code of Ordinances. (see note e)

I have read and understand the information and requirements provided herein:

Signature:  Date: 4-29-21

Printed name: Deon Rossey Jr



# 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)

ADDRESS OF PROPERTY:

3034 State St., Milw.

2. NAME AND ADDRESS OF OWNER:

Name(s): Carlo George

Address: 3034 W. State St.

City: Milw.

State: WI

ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone number (area code & number) Daytime: 414-745-7486 Evening: \_\_\_\_\_

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

Name(s): Accent Property Restoration

Address: 5515 W. Florist Ave.

City: Milw.

State: WI

ZIP Code: 53218

Email: dean@accent24hr.com

Telephone number (area code & number) Daytime: 414-331-9854 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: Replace Roof

\_\_\_\_ 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.

Tear off and replace roof w/ Owens Corning -  
Oakridge - Desert Tan

We ~~hope~~<sup>plan</sup> to remove all old damaged shingles w/ new.  
We will replace felt and metals as needed.

6. SIGNATURE OF APPLICANT:



Signature

Dean Rossey Jr  
Please print or type name

4-29-21  
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](mailto:hpc@milwaukee.gov)

[www.milwaukee.gov/hpc](http://www.milwaukee.gov/hpc)

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

**SUBMIT**