



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 Historic District George F. Rohn House

ADDRESS OF PROPERTY:

2530 N. Summit Avenue

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

Name(s): Karla Horst Benton

Address: 2530 N. Summit Avenue

City: Milwaukee

State: WI

ZIP: 53211

Email: karlahbentoncpa@gmail.com

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

Evening: _____

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

Name(s): Bob Bingham, Quality Restoration

Address: N169 W20249 Chateau Dr.

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.

Replace front storm door. Pictures of existing door and proposed door attached. Replacement door will be wood with storm and screen. Door will be painted to match front door.

[Empty rectangular box for project description]

6. SIGNATURE OF APPLICANT:

 Karla H Benton
Signature

 Karla H. Benton
Please print or type name

 8/11/22
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