

# Certificate of Appropriateness

LIVING WITH HISTORY

Milwaukee Historic Preservation Commission/200 E. Wells St. Milwaukee, WI 53202/414-286-5712

**Property**

2603 N. LAKE DR., North Point North Historic District

**Description of work**

Install new shingles on north and east slopes of roof to match the new shingles that have already been installed on the rest of the roof.

**Date issued**

9/9/2010

PTS ID 68111 COA, roof replacement and repair

In accordance with the provisions of Section 308-81(9) of the Milwaukee Code of Ordinances, the Milwaukee Historic Preservation Commission has issued a certificate of appropriateness for the work listed above. The work was found to be consistent with preservation guidelines. The following conditions apply to this certificate of appropriateness:

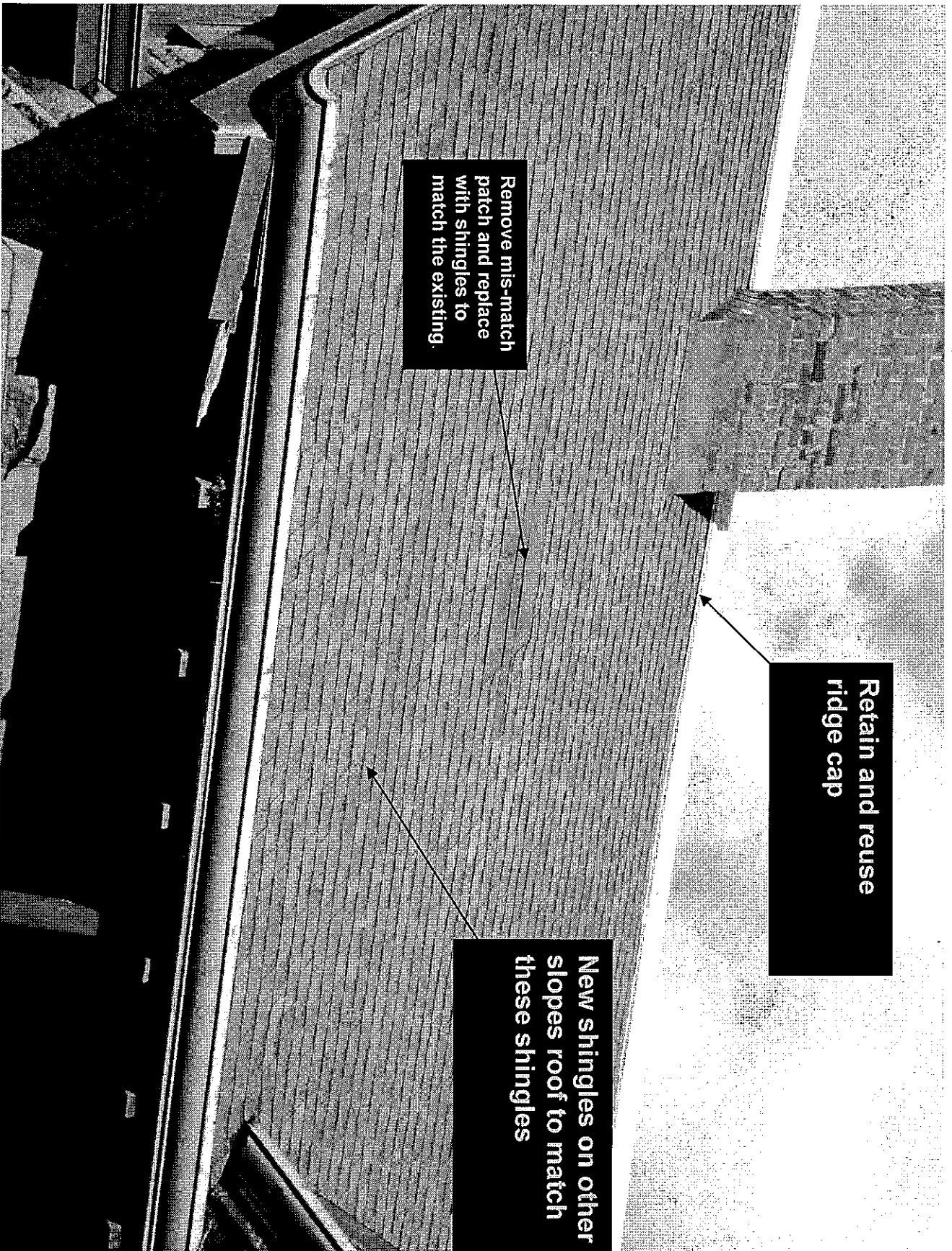
All moldings, chimneys, dormers and gutters will be retained. The metal ridge cap must also be retained and reused.

All work must be done in a craftsman-like manner, and must be completed within one year of the date this certificate was issued. Staff must approve any changes or additions to this certificate before work begins. Work that is not completed in accordance with this certificate may be subject to correction orders or citations. If you require technical assistance, please contact Paul Jakubovich of the Historic Preservation staff as follows: Phone: (414) 286-5712 Fax: (414) 286-3004 E-mail: [pjakub@milwaukee.gov](mailto:pjakub@milwaukee.gov).

If permits are required, you are responsible for obtaining them from the Milwaukee Development Center. If you have questions about permit requirements, please consult the Development Center's web site, [www.mlkcded.org/build](http://www.mlkcded.org/build), or call (414) 286-8210 or 8211.

Paul Jakubovich  
City of Milwaukee Historic Preservation

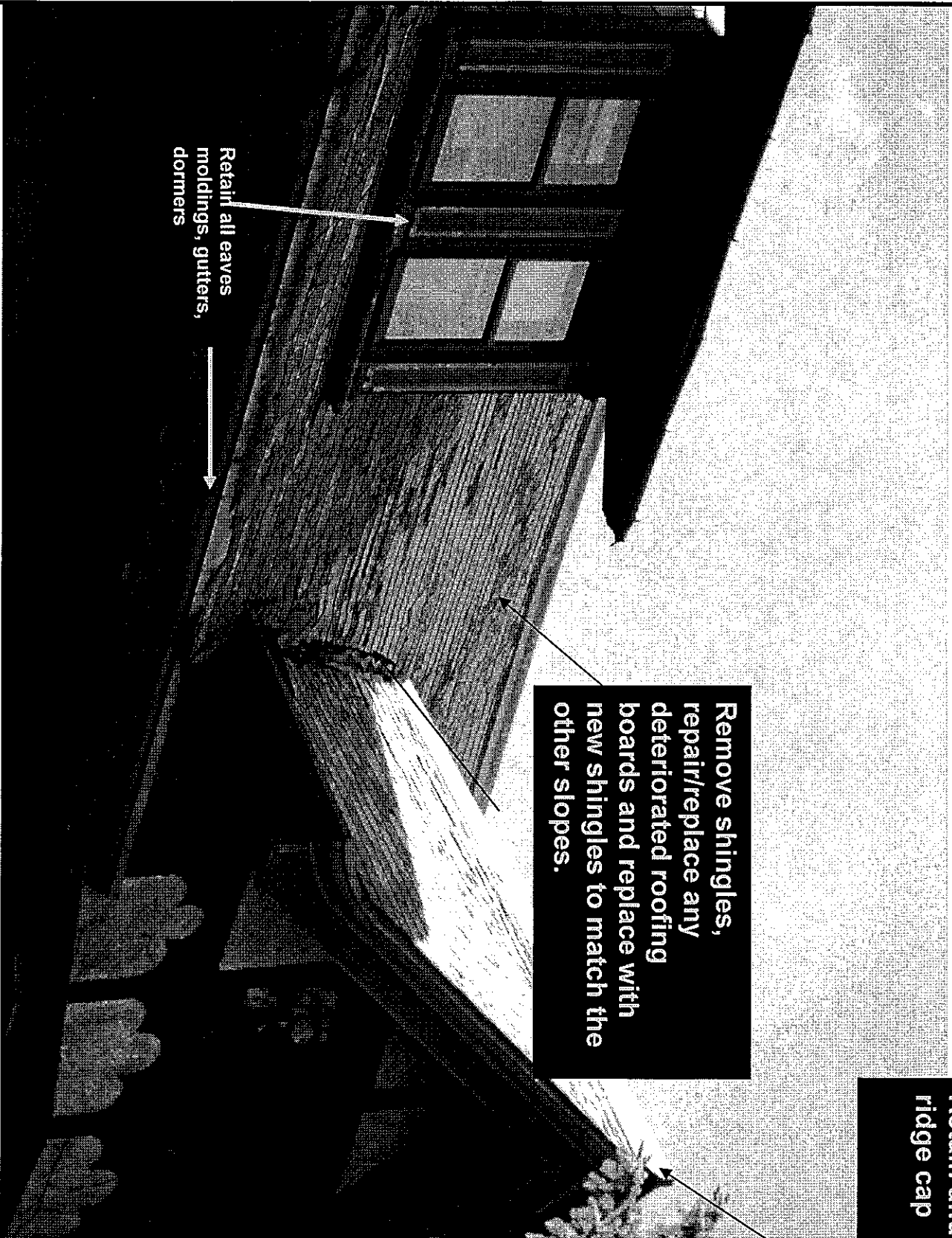
Copies to: Development Center, Ald. Nik Kovac, Inspector Jim Friedrichs (286-5982)



Retain and reuse  
ridge cap

Remove mis-match  
patch and replace  
with shingles to  
match the existing.

New shingles on other  
slopes roof to match  
these shingles



Remove shingles, repair/replace any deteriorated roofing boards and replace with new shingles to match the other slopes.

Retain and reuse ridge cap

Retain all eaves moldings, gutters, dormers

# 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)  
CHARLES D. CRANE HOUSE NORTH POINT NORTH HISTORIC DISTRICT

ADDRESS OF PROPERTY: 2603 N. LAKE DRIVE

2. NAME AND ADDRESS OF OWNER:

Name(s): BRIAN MROCHINSKI

Address: 1930 E. WEBSTER PLACE

City: MILWAUKEE State: WI ZIP 53211

Email: bmrochinski@hotmail.com

Telephone number (area code & number) Daytime: (414) 801-7456 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: ( ) -

4. ATTACHMENTS

A. REQUIRED FOR ALL PROJECTS:

Photographs of affected areas & all sides of the building (annotated photos recommended)

Sketches and Elevation Drawings (1 full size and 2 reduced to 11" x 17" or 8 1/2" x 11")

Material and Design Specifications (see reverse side)

B. NEW CONSTRUCTION/DEMOLITION ALSO REQUIRES:

Floor Plans (1 full size and 1 reduced to 11" x 17")

Site Plan showing location of project and adjoining structures and fences

Other (explain):

**PLEASE NOTE: YOUR APPLICATION CANNOT BE PROCESSED UNLESS BOTH SIDES OF THIS FORM ARE PROPERLY COMPLETED.**

5. DESCRIPTION OF PROJECT:

Describe all existing features that will be affected by proposed work. Please specify the condition of materials, design, and dimensions of each feature (additional pages may be attached)

ROOF REPLACEMENT.  
REPLACE ROOF ON NORTH AND  
EAST SIDES TO MATCH THE OTHER  
PORTIONS OF THE ROOF. SEE  
PHOTOS.

Photo No. \_\_\_\_\_

Drawing No. \_\_\_\_\_

A. Describe all proposed work, materials, design, dimensions and construction technique to be employed (additional pages may be attached)

Photo No. \_\_\_\_\_

Drawing No. \_\_\_\_\_

6. SIGNATURE OF APPLICANT:

Brian Marchinski

Signature

BRIAN MARCHINSKI

Print or type name

9-9-10

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 Form to:  
Historic Preservation Division

or

Mail Form to:  
Historic Preservation Division  
809 N. Broadway

809 North Broadway – 1st Floor  
Milwaukee, WI 53202

Milwaukee, WI 53202

PHONE: 414.286-5712

FAX: 414. 286-0232