



# 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)**

Brewers Hill

**ADDRESS OF PROPERTY:**

1923 N. 2nd St. Milwaukee, WI

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

Name(s): RNTSBU Llc

Address: 5928 W. Burnham Ave

City: Milw.

State: Wi.

ZIP: 53214

Email: macklin.jerry@yahoo.com

Telephone number (area code & number) Daytime: 414-839-5499

Evening: 414-839-5499

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

Name(s): Mark Wargolet(Wargolet Construction Llc)

Address: 9333 So. 29th. St

City: Franklin

State: Wi.

ZIP Code: 53132

Email: mwargolet4@wi.rr.com

Telephone number (area code & number) Daytime: 414-610-0439

Evening: 414-610-0439

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.

This project consists of restoration and/or replacement and painting of all exterior siding, freezeboard, raianguard, window trim, window sills, facia boards, crown molding, replace the entire front porch, add era specific handrails, bannisters, ballisters, skirting on porch and stairs. Repair porch ceiling. (All matching drawings of property address-1851 N. 2nd. St) Install hanging or intregated gutters. Replace concrete walkway (southside) and steps at front. Repair brick columns at front porch.

6. SIGNATURE OF APPLICANT:

Signature \_\_\_\_\_

*Gerald Macklin*

Gerald macklin

Please print or type name

8-1-2014

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

