



CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.
Please print legibly.

*Rec'd @ HPC
9/29/16
cl*

1. HISTORIC NAME OF PROPERTY OR HISTORIC DISTRICT: (if known)

CONCORDIA

ADDRESS OF PROPERTY:

2024 W STATE

2. NAME AND ADDRESS OF OWNER:

Name(s): Derek Geymour

Address: 2024 W STATE

City: MILWAUKEE State: WI ZIP: 53208

Email: D'Geym@Yahoo.com

Telephone number (area code & number) Daytime: 2419796 Evening: SAME

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

Name(s): SAME AS ABOVE

Address:

City: State: ZIP Code:

Email:

Telephone number (area code & number) Daytime: 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

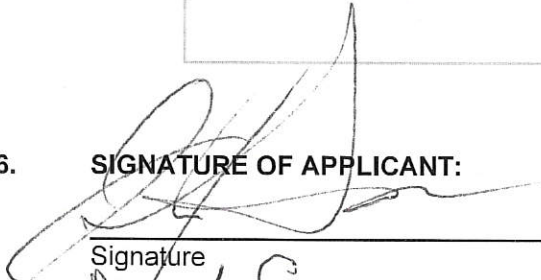
PLEASE NOTE: YOUR APPLICATION CANNOT BE PROCESSED UNLESS BOTH PAGES OF THIS FORM ARE PROPERLY COMPLETED AND SIGNED.

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.

- REPLACE ROOF SHINGLES
 - REPAIR OR REPLACE ALUMINUM VALLEYS AS NEEDED
 - REPAIR/REPLACE GUTTERS PER HISTORIC ORIGIN AS NEEDED
 - REPAIR/REPLACE FLASHING AS NEEDED.
 Shingle 35 yr ASPHALT
 CASYLE BROOK DOUBLE SEAL
 ARCHITECTURAL STYLE PAINTER GRAY
 Chimney flashing per original
 GABLE ridge vented by ORIGINAL
 END VENT

6. SIGNATURE OF APPLICANT:



 Signature
 David Seymour
 Please print or type name

Date 7/22/14

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

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

SUBMIT