



# 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:**

3330 W Kilbourn Ave. Milwaukee, WI 53208

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

Name(s): Bill Schuh

Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: sharonaptllc@gmail.com

Telephone number (area code & number) Daytime: (918) 408-0910 Evening: \_\_\_\_\_

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

Name(s): Eduardo Zuniga

Address: 2820 Shoshone Rd.

City: Waukegan State: IL ZIP Code: 60087

Email: ZunigaRoofingInc@Outlook.com

Telephone number (area code & number) Daytime: (847) 445-0546 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.

We will be replacing the existing shingles on the garage roof with GAF Timberline HDZ Shingles due to some leaks in the garage. About 2 sheets of plywood will have to be replaced as it seems to be in bad condition. This roof is roughly 34ft by 22ft giving us 9 Squares of Roof Area. The garage will be unchanged in design or structure we will only be replacing the shingles and about 2 sheets of plywood.

We will also be repairing a 3x24ft section of flat roof on the east side of the building. As well as 60ft of soffit that has been damaged. Pictures will be attached.

6. SIGNATURE OF APPLICANT:

Eduardo Zuniga  
Signature

Eduardo Zuniga

Please print or type name

04/28/2023

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**



