



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:

522 + 5/8 North Water - Fire On Water

2. NAME AND ADDRESS OF OWNER:

Name(s): Richard Meeusen

Address: W289 N391A Lost Creek Ct.

City: Pewaukee State: WI ZIP: 53072

Email: mmeeusen@wi.cc.com

Telephone number (area code & number) Daytime: 414-371-5706 Evening: 262-695-6742

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

Name(s): Scott Miezian (contractor)

Address: 19430 W. Pinecrest LN

City: New Berlin State: WI ZIP Code: 53146

Email: smiezian@wi.cc.com

Telephone number (area code & number) Daytime: 414-852-0931 Evening: 414-852-0931

4. ATTACHMENTS

A. REQUIRED FOR ALL PROJECTS:

- Photographs of affected areas & all sides of the building (annotated photos recommended) Pictures #1
- Sketches and Elevation Drawings (1 full size and 2 reduced to 11" x 17" or 8 1/2" x 11") Completed on site
- Material and Design Specifications (see next page)

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 PAGES 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)

Covering of remaining rotten & damaged wood which surrounds perimeter of new replacement windows. 15 windows total. Some windows have no wood & a void exists between end of brick & jamb of window.

Photo No. 1

Drawing No.

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

Providing pre finished Aluminum Metal Cladding to properly flash replacement windows. Replacement windows were installed & never flashed from the exterior side by previous building owner causing damage to interior finishes.

Photo No. _____

Drawing No. _____

6. SIGNATURE OF APPLICANT:

Signature

Scott Miezin

Print or type name

Date

7-13-10

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
Department of City Development
809 North Broadway - 1st Floor
Milwaukee, WI

or

Mail Form to:
Historic Preservation Division
Department of City Development
1st floor
Milwaukee, WI 53202-3617

PHONE: 414.286-5722

FAX: 414. 286-0232

www.mkedcd.org/planning/historic