



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)

NORTH POINT SOUTH

ADDRESS OF PROPERTY:

2212 EAST KENILWORTH PLACE

2. NAME AND ADDRESS OF OWNER:

Name(s): EDWARD & CATHY DAVID

Address: 2212 EAST KENILWORTH PLACE

City: MILWAUKEE

State: _____

ZIP: 53202

Email: EDWDAVID@EDWARDDAVIDSC.COM

Telephone number (area code & number) Daytime: 414-962-9316

Evening: 414-349-7242

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: (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.

TUCK POINTING ALONG THE WEST, NORTH, AND EAST LOWER PORTION OF THE PROPERTY. I BELIEVE THAT A CERTIFICATE OF APPROPRIATENESS WAS ISSUED FOR THIS PROJECT ON OR ABOUT AUGUST 26, 2019 A COPY OF WHICH IS ATTACHED. THE PREVIOUSLY APPROVED PROJECT WAS POSTPONED DUE TO COST CONSIDERATIONS. IF A NEW COA IS NOT REQUIRED, PLEASE DISREGARD THIS NEW APPLICATION.

6. **SIGNATURE OF APPLICANT:**



Signature

EDWARD DAVID

Please print or type name

MAY 21, 2024

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 www.milwaukee.gov/hpc

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

SUBMIT