



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)

R. Brownlee Duplex, Concordia

ADDRESS OF PROPERTY:

2843 and 2845 W State Street, Milwaukee, WI 53208

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

Name(s): Martha Reid

Address: 2843 W State Street

City: Milwaukee

State: WI

ZIP: 53208

Email: martiawesome@yahoo.com

Telephone number (area code & number) Daytime:

Evening:

720-362-9997

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

720-362-9997

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 via email.

Removing dead tree and bushes near foundation, at SW corner of house. BTW my homeowners insurance requires this to be done.

I apologize for late notice, I forgot I needed this. They may come today, Oct 28.

6. **SIGNATURE OF APPLICANT:**



Signature

Please print or type name

Date

Martha R. Reid

10/28/2020

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) 286-5712 or 286-5722

www.milwaukee.gov/hpc

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