



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:

4434 North 25th Street

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

Name(s): Matthew J Weiss

Address: 2909 Moccasin Drive

City: Lawrence

State: KS

ZIP: 66049

Email: acomputerwiz@gmail.com

Telephone number (area code & number) Daytime: **816-838-5817** Evening: **SAME**

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

Name(s): Jesse Kleineider, Region Restoration and Construction Group

Address: 11032 West Becher Street

City: West Allis

State: WI

ZIP Code: 53227

Email: Jesse@regiongrp.com

Telephone number (area code & number) Daytime: 4145730195 Evening: 4145730195

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

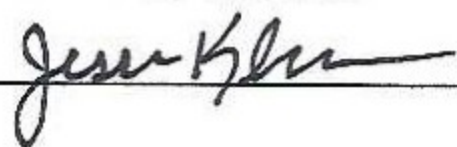
**PLEASE NOTE: YOUR APPLICATION CANNOT BE PROCESSED UNLESS
BOTH PAGES OF THIS FORM ARE PROPERLY COMPLETED
AND SIGNED.**

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.

The Property had a fire which damaged all windows and doors of the house, as well as some of the siding. The Original siding is Aluminum Siding. We will be re-installing aluminum siding to match. The original windows were wood windows. The owner would like to install vinyl windows in the entire house, except for a glass block window in the shower of the only bathroom which faces away from the street. We will not be making any structural changes. Everything will be re-built to the layout that it was.

6. **SIGNATURE OF APPLICANT:**

Signature 

Jesse Kleineider
Please print or type name

06/04/21
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