



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 NORTH HISTORIC DISTRICT
ADDRESS OF PROPERTY:
2565-2567 N. TERRACE AV

2. **NAME AND ADDRESS OF OWNER:**
Name(s): CHESTER DAXE
Address: 6508 S 27th ST, SUITE 9
City: OAK CREEK State: WI ZIP: 53154
Email: chdaxe@yahoo.com
Telephone number (area code & number) Daytime: 414.708.2332 Evening: SAME

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.

EXCAVATE EXTERIOR AROUND
foundation in order to waterproof
+
separate attachment

6.

~~SIGNATURE OF APPLICANT:~~


Signature

CHESTER DAXE
Please print or type name

5-29-2019
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

2565 – 2567 N. Terrace Av.

Description of project

To excavate the exterior perimeter of the foundation down to below the frost line. In addition, I will excavate the basement floor at the foundation. Waterproofing will be added to the exterior of the foundation along with a drainage system. The exterior drainage system will be connected to the interior drain tile drainage system and a sump pump will be added. Possibly the tile sleeves that receive the down spouts and extend below grade may be defective. In the event they are the replacement parts will match the existing.

The entire concrete driveway will be removed (with the possible exception of the first two concrete slabs west of the city sidewalk). The neighbors to the north will also coordinate in the shared driveway removal as they are going to replace some or much of their concrete driveway and rear concrete turnaround, and will coordinate on additional permitting if required.

All replacement paving will be concrete.

The finished grade of the 2565 – 2567 N Terrace Av top soil will be restored to level with a ~ 3% pitch to allow for settling. Landscaping which will consist of ground covers and perennial flowers will follow at the end of the exterior restoration of the main structure.