



## 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 HD

**ADDRESS OF PROPERTY:**

2434 N. Terrace

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

Name(s): David Lucas and Anne Burris

Address: 2434 N. Terrace

City: Milwaukee

State: WI

ZIP: 53211

Email: lucasanneb@gmail.com

Telephone number (area code & number) Daytime: 908-247-7962 Evening: 908-247-7962

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

Name(s): Chris Miracle, Landscape Architect w/ LandWorks, Inc.

Address: N69W25195 Indiangrass Lane

City: Sussex

State: WI

ZIP Code: 53089

Email: cmiracle@landworkswisconsin.com

Telephone number (area code & number) Daytime: 414-349-5921 Evening: 414-349-5921

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:**

☒ Yes Photographs of affected areas & all sides of the building (annotated photos recommended)

☒ Yes 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")

☒ Yes 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.

Project entails a re-planting of front foundation garden beds between street facing side of home and extending outward to the existing embedded garden edge.

New low-growing ornamental trees and shrubs will be installed along with textural low perennial plants. Of particular note are the row of upright evergreen boxwood plants designed to obscure the existing gas regulator on a year round basis.

A plan view sketch of proposed work is attached along with a photo of the front of the home.

6. **SIGNATURE OF APPLICANT:**

  
Signature

CHRISTOPHER R. MIRACLE  
Please print or type name

12.17.2024  
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](mailto:hpc@milwaukee.gov)

[www.milwaukee.gov/hpc](http://www.milwaukee.gov/hpc)

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

**SUBMIT**