

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

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Going with history	FORIC NAME OF PROPERTY OR HISTORIC DISTRICT: (if known) Orth Grant Blvd. Historic District
2	424 NGrant Bloa.
NAM	Teand Address of owner: Sternberg
Addi	SUDU NE COUNT BIVO.
City:	Milwaukee State: WI ZIP: 53210
Ema	il: isabelleberg 2017 @ gmail. Com shone number (area code & number) Daytime: 505 745-9085 Evening: 505 745-9085
Tele	phone number (area code & number) Daytime: 305 149-9085 Evening: 305 115 1000
APP	LICANT, AGENT OR CONTRACTOR: (if different from owner)
Nam	
Addr	ess:
City:	State: ZIP Code:
Emai	
Telep	phone number (area code & number) Daytime: Evening:
ATTA at 41	CHMENTS: (Because projects can vary in size and scope, please call the HPC Office 4-286-5712 or 414-286-5722 for submittal requirements)
A.	REQUIRED FOR MAJOR PROJECTS:
	_ Digital photographs of affected areas & all sides of the building
	Sketches and Elevation Drawings in PDF form. New construction, major storefront remodels, etc. must provide one set of D or E size drawings and sections
	Material and Design Specifications (please attach)
B.	NEW CONSTRUCTION ALSO REQUIRES:
	Floor Plans (show fenestration and approximate wall locations, final floor plans are not required
	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.

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.

Replace existing, approximately 12,
four stone, side-yard febre
with a solid cedar 41 with 2' lattice
fence, including a gate.

6. SIGNATURE OF APPLICANT (owner signature required for demolition):

Signature

Please print or type name

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8/1/2025 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.

Email Form to:

hpc@milwaukee.gov

Historic Preservation Commission 841 N. Broadway, Rm. B1 Milwaukee, WI 53202

PHONE: (414) 286-5712 or 286-5722

www.milwaukee.gov/hpc

Or click the SUBMIT button to automatically email this form, if using an app such as Outlook or Apple Mail. The submit button does not work with web-based email interfaces.

SUBMIT