



# 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)

47th St. Bungalow District

ADDRESS OF PROPERTY:

2531 N. 47th St

2. NAME AND ADDRESS OF OWNER:

Name(s): Mario A. & Constance Alberts

Address: 2531 N. 47th St

City: Milwaukee

State: WI

ZIP: 53210

Email: marioalberts@sbcglobal.net

Telephone number (area code & number) Daytime: 4143490989

Evening: 4143490989

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

Name(s): SGS Roofing

Address: PO BOX 67

City: Sharon

State: WI

ZIP Code: 53147

Email:

Telephone number (area code & number) Daytime: 414-690-3888

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.

Repair Slate tiles on front of house and back south-end corner of house.

6. SIGNATURE OF APPLICANT:

  
 Signature

Mario A. Alberts

Please print or type name

3/21/2016

Date

This form and all supporting documentation **MUST** arrive by 12:00 noon 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.

**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) 286-5722

FAX: (414) 286-3004

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

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

**SUBMIT**





