



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:

2621 N Summit Avenue

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

Name(s): Thomas Schiffmacher & Frances L. Findley

Address: 2621 N. Summit Avenue

City: Milwaukee

State: WI

ZIP: 53211-3850

Email:

Telephone number (area code & number) Daytime: 414-704-7844

Evening: 414-704-7844

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

Name(s): GSI General Inc

Address: 2426 N. First Street

City: Milwaukee

State: WI

ZIP Code: 53212

Email: b2cla@aol.com

Telephone number (area code & number) Daytime: 414-264-4548

Evening: 414-349-7583

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.

Add an addition to kitchen at the rear of the home with proper foundation in accordance with Historical Preservation Committee guidelines. Follow architect's plans for the kitchen addition, which includes new windows, porch, and shed roof design. Exterior siding to match existing clapboard siding, with salvaged brick to be utilized to face new foundation.

6. **SIGNATURE OF APPLICANT:**


Signature

Benjamin R. Clark
Please print or type name

10-25-14
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