



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)

COLOSPRING PARK

ADDRESS OF PROPERTY:

2713 W. MCKINLEY BLVD

2. NAME AND ADDRESS OF OWNER:

Name(s): JOSEPH P. HEINEN

Address: N68 W12415 APPLETON AVE

City: MENOMONEE FALLS State: WI. ZIP: 53051

Email: JD HEINEN @ ATT. NET

Telephone number (area code & number) Daytime: 414-531-8291 Evening: SAME

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

Name(s): SAME

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.

I RESHINGLED THE ROOF WITH A NEW 3-DIMENSIONAL SHINGLE, THE EXIST'G ROOF'G WAS A ASPHALT SHINGLE AND I MATCHED THE ~~NEIGHBORS~~ NEIGHBORS 3-DIMENSIONAL SHINGLES NEXT TO MY HOUSE

THE SHINGLE IS A ATLAS CASTLEBROOK 3-DIMENSIONAL SHINGLE AND THE COLOR IS WEATHERWOOD I HAVE PICTURES OF THE ONE THAT I USED.

6. SIGNATURE OF APPLICANT:

Joseph P. Heinen
Signature

JOSEPH P. HEINEN
Please print or type name

11/12/24
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