



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)

Brew Hill

ADDRESS OF PROPERTY:

1951 N. 2nd St

2. NAME AND ADDRESS OF OWNER:

Name(s):

Kathleen, Devin, Shannon Brennan

Address:

1951 N. 2nd St

City:

Milw

State:

WI

ZIP:

53212

Email:

Telephone number (area code & number) Daytime:

612 386 9218

Evening:

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

Name(s):

Richard Smith PSA Inner City Service

Address:

1927 N. 2nd St

City:

Milw

State:

WI

ZIP Code:

53212

Email:

Inner City 57, 57@gmail.com

Telephone number (area code & number) Daytime:

414-365-2577

Evening:

414-378-8943

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.

Repair/rebuild existing retaining wall with new CMU wall covered in face brick or stone salvaged from present wall

6. SIGNATURE OF APPLICANT:


Signature

Richard A. Smith
Please print or type name

July 30, 2009
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

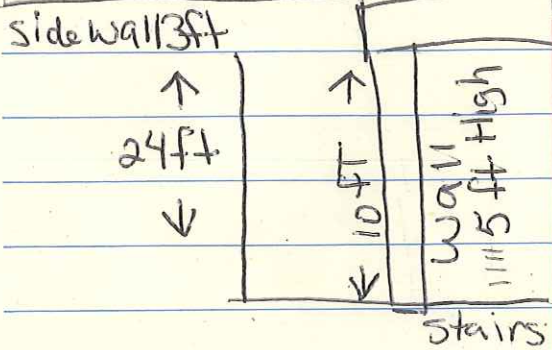
hpc@milwaukee.gov

www.milwaukee.gov/hpc

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

SUBMIT

GATE



Sidewalk 3x24
Wall outside Back
5ft high 10 long
Remove old Bricks
and replace with
with new Blocks
"8x16 cylinder Blocks"

Yard

4x20

