



## 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)  
Concordia

**ADDRESS OF PROPERTY:**  
3112 W. Kilbourn Ave.

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

Name(s): Anne Devitt and Edward B. Hoffmann Jr.

Address: 3112 W. Kilbourn Avenue

City: Milwaukee

State: WI.

ZIP: 53208

Email: devitta@wi.rr.com/devitta@opd.wi.gov

Telephone number (area code & number) Daytime: 414-933-9965

Evening: same

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

Name(s): Infinity Exteriors LLC.

Address: 1921 S. West Avenue

City: Waukesha

State: WI.

ZIP Code: 53189

Email:

Telephone number (area code & number) Daytime: 262-650-5040

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.

We need to replace our roof.

The work will include tearing off the existing roof and replacing it. The current deck will be covered with new sheathing, a new synthetic roofer's underlayment will be added, all roof wall flashing will be changed out per manufacturer requirements, (Better & Infinite Systems), new Lp trim at four inches will be added dormer roof to walls and new CertainTeed Landmark Pro designer shingles will be added along with two Velux sky lights.

6. **SIGNATURE OF APPLICANT:**

Anne A. Deith / Edward B. Hoffmann Jr.  
Signature

Anne A. Deith / Edward B. Hoffmann Jr. 10-17-16  
Please print or type name 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

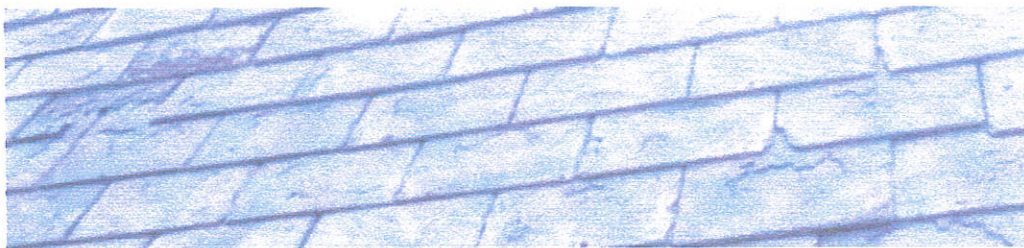
[www.milwaukee.gov/hpc](http://www.milwaukee.gov/hpc)

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

**SUBMIT**



3112 W. Kilbourn



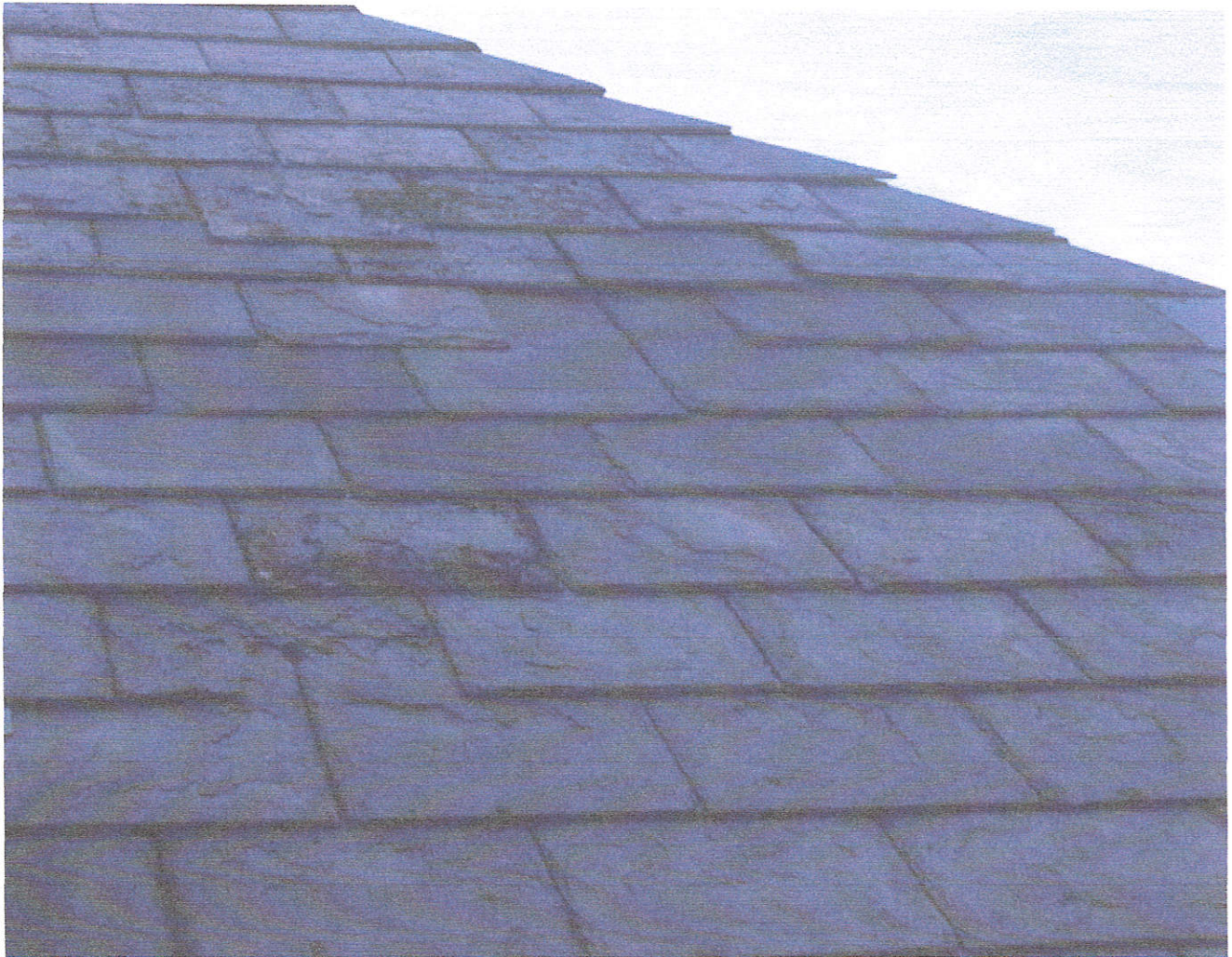


East Facing View of Roof at 3112 W. Kilbourn





East Facing view of Roof at 3112 W. Kilbourn





South Facing view of Roof at 3112 W. Kilbourn





NorthEast Facing view of Roof at 3112 W. Kilbourn Ave.

