



CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

RECEIVED
SEP 10 2013

1. HISTORIC NAME OF PROPERTY OR HISTORIC DISTRICT: (if known)

Concordia

ADDRESS OF PROPERTY:

3307 W. Kilbourn Ave.

2. NAME AND ADDRESS OF OWNER:

Name(s): BRET RADKE

Address: 3307 W. Kilbourn Ave.

City: Milwaukee

State: WI

ZIP: 53208

Email: btrradke@gmail.com

Telephone number (area code & number) Daytime: 414-916-5631 Evening: Same

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

Name(s):

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.

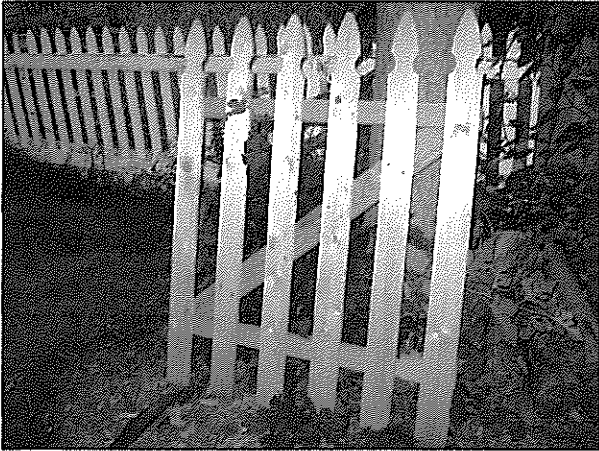
Material and Design Specifications (see next page)

B. NEW CONSTRUCTION ALSO REQUIRES:

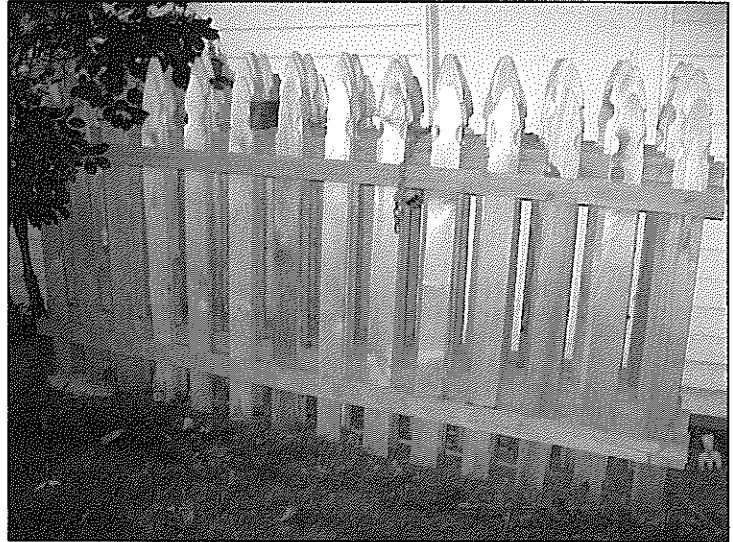
Floor Plans (1 full size and 1 reduced to a maximum of 11" x 17")

Site Plan showing location of project and adjoining structures and fences

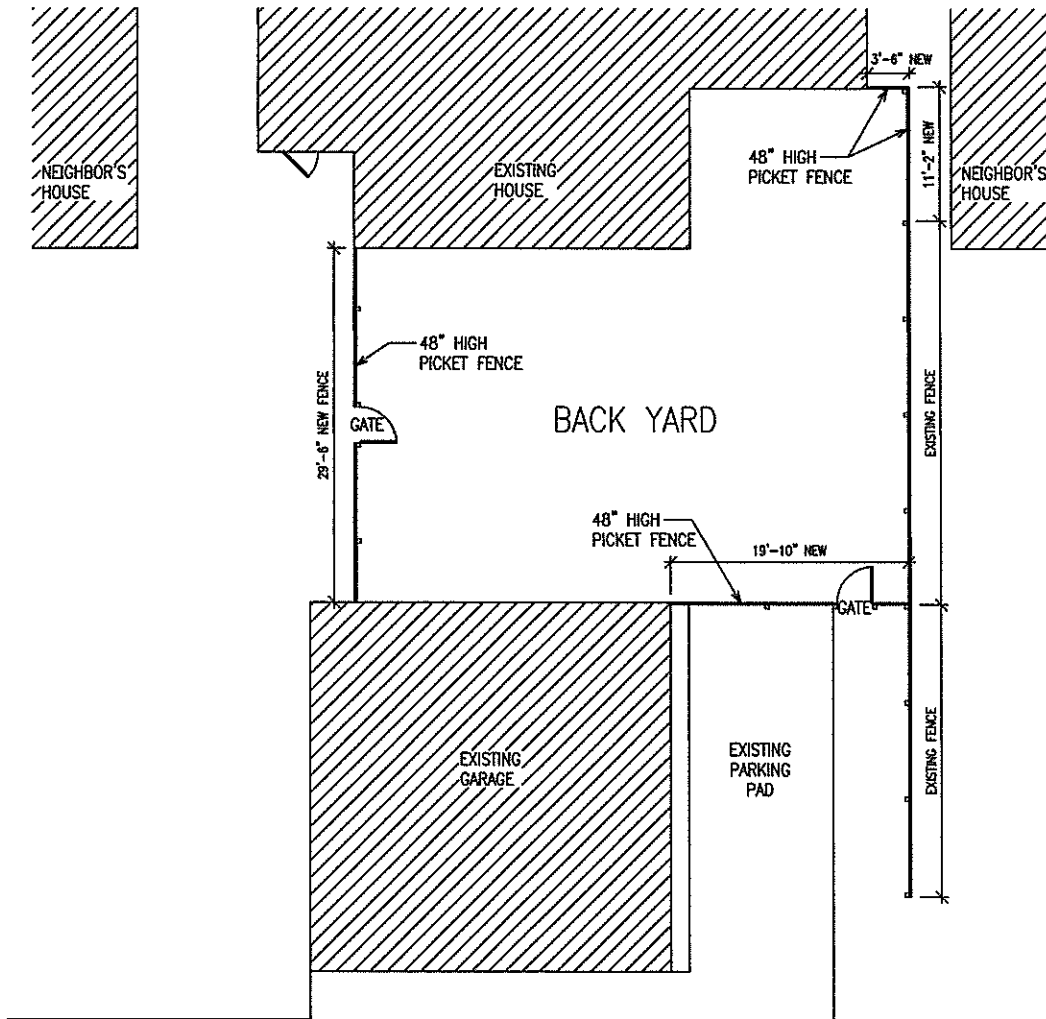
**PLEASE NOTE: YOUR APPLICATION CANNOT BE PROCESSED UNLESS
BOTH PAGES OF THIS FORM ARE PROPERLY COMPLETED
AND SIGNED.**



2 TYP. GATE IMAGE
N.T.S.



3 TYP. GATE IMAGE
N.T.S.



ALLEY

1 BACK YARD SITE PLAN
1/16" = 1'-0"

3307 W. KILBOURN AVE. | SITE PLAN

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.

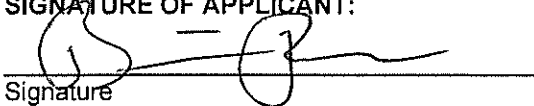
The addition of some 4' high picket fence in order to enclose a portion of the back yard. A gate located near the existing parking slab and one near the rear entry of the house. This area would be helpful to my wife and I due to keeping track of our two small boys. Please see the included plan diagram.

Thank you for your time.

Sincerely,

Bret Radke

6. SIGNATURE OF APPLICANT:


Signature

BRET RADKE

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

