



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:

3028 W STATE ST

2. NAME AND ADDRESS OF OWNER:

Name(s): CAMERON CARRINGTON

Address: 3404 N HOLTON ST

City: MILWAUKEE

State: WI

ZIP:

Email: CAMERONJCC75@gmail.com

Telephone number (area code & number) Daytime: (414) 232-6846

Evening: (414) 232-6846

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

Name(s): NICHOLAS HANS ROBINSON

Address: 6616 N 51ST STREET

City: MILWAUKEE

State: WI

ZIP Code: 85016

Email: NICHOLAS.ROBINSON@DREAMBUILDERSMKE.COM

Telephone number (area code & number) Daytime: (414) 731-7184

Evening: (414) 731-7184

4. ATTACHMENTS: (Because projects can vary in size and scope, please call the HPC Office at 414-286-5712 or 414-286-5722 for submittal requirements)

A. REQUIRED FOR MAJOR PROJECTS:

Digital photographs of affected areas & all sides of the building

N/A Sketches and Elevation Drawings in PDF form. New construction, major storefront remodels, etc., must provide one set of D or E size drawings and sections

N/A Material and Design Specifications (please attach)

B. NEW CONSTRUCTION ALSO REQUIRES:

N/A Floor Plans (show fenestration and approximate wall locations, final floor plans are not required)

N/A 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.

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.

FIRE RESTORATION. CLIENT IS REBUILDING THE ROOF; WISHES TO REMOVE REAR CHIMNEY. SEE ATTACHED PHOTOS.

6. SIGNATURE OF APPLICANT (owner signature required for demolition):



Signature

NICHOLAS HANS ROBINSON
Please print or type name

JULY 18, 2025
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.

Email Form to: hpc@milwaukee.gov

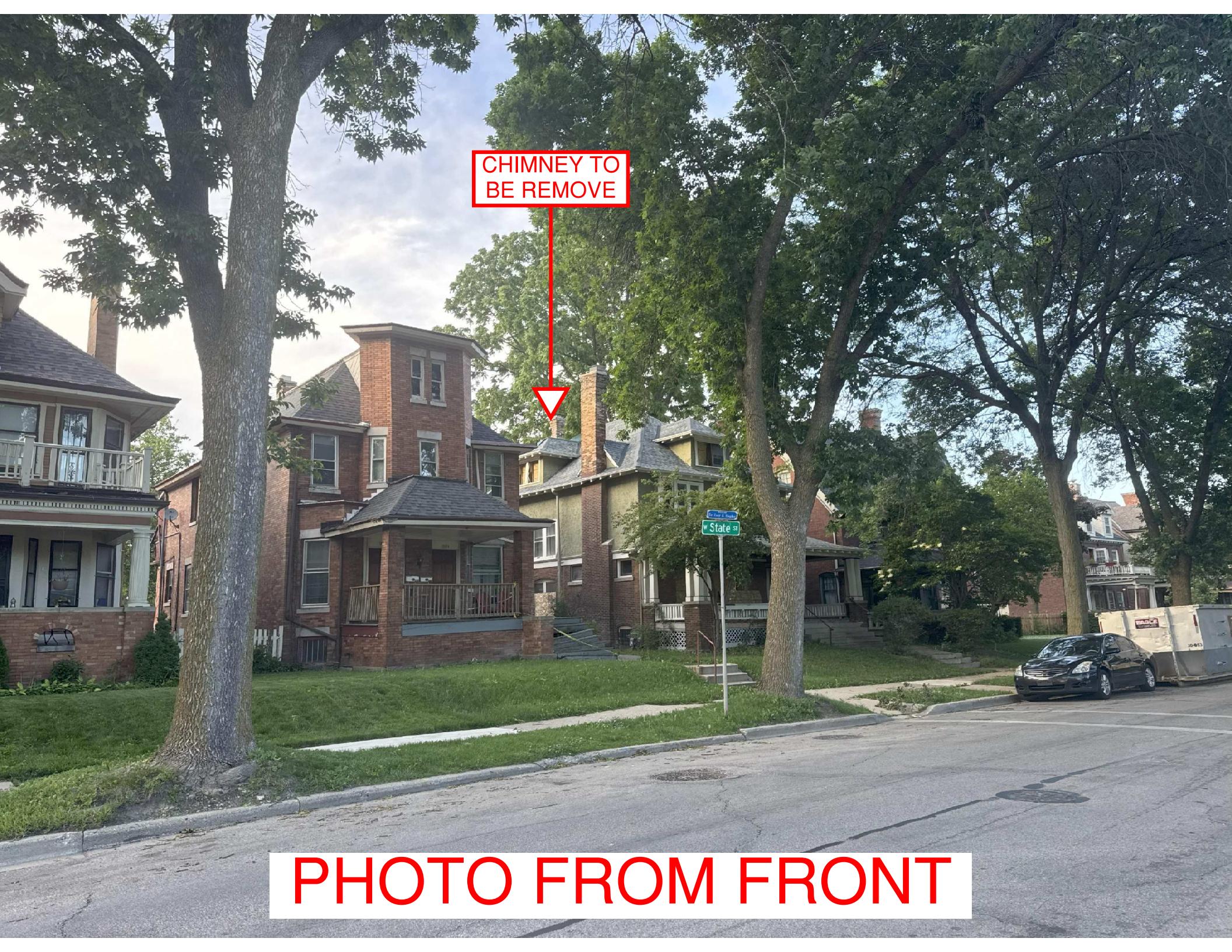
Historic Preservation Commission
841 N. Broadway, Rm. B1
Milwaukee, WI 53202

PHONE: (414) 286-5712 or 286-5722

www.milwaukee.gov/hpc

Or click the **SUBMIT** button to automatically email this form, if using an app such as Outlook or Apple Mail.
The submit button does not work with web-based email interfaces.

SUBMIT



CHIMNEY TO
BE REMOVE

PHOTO FROM FRONT

PHOTO FROM FRONT

W State st

Dr. Lacy B. Hughes

CHIMNEY TO
BE REMOVE



CHIMNEY TO
BE REMOVE

PHOTO FROM REAR