



## 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)

Sherman Blvd

**ADDRESS OF PROPERTY:**

3000 N. Sherman Blvd.

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

Name(s): Milwaukee County

Address: 633 West Wisconsin Ave. Suite 1000

City: Milwaukee

State: WI

ZIP: 53203

Email: vijay.mehta@milwaukeecountywi.gov

Telephone number (area code & number) Daytime: 414-278-4743

Evening: N/A

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

Name(s): Thomas King

Address: N8 W22195 Johnson Dr. Suite 180

City: Waukesha

State: WI

ZIP Code: 53186

Email: tomk@ibcengineering.com

Telephone number (area code & number) Daytime: 262-522-4417

Evening: N/A

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.

Replacement of existing rooftop air conditioning units, exhaust fans and boiler vents. Existing building has a 76" high parapet wall at the roof level. Tallest piece of equipment is 73" high. Tallest equipment is also located towards the center of the roof. All replacement equipment is comparable in size to existing equipment. No existing sidewall penetrations will be modified nor will any new sidewall penetrations be added. I have submitted a roof plan showing the location of the replacement equipment to Carlen Hatala via email.

6. SIGNATURE OF APPLICANT:



Signature

Thomas King

Please print or type name

January 20, 2016

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**



MECHANICAL ENGINEER  
 JAMES VANDYKE, P.E.  
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 WILMINGTON, DE 19801  
 TEL: 302.441.1111  
 FAX: 302.441.1112  
 WWW.VANDYKE-ENGINEERS.COM

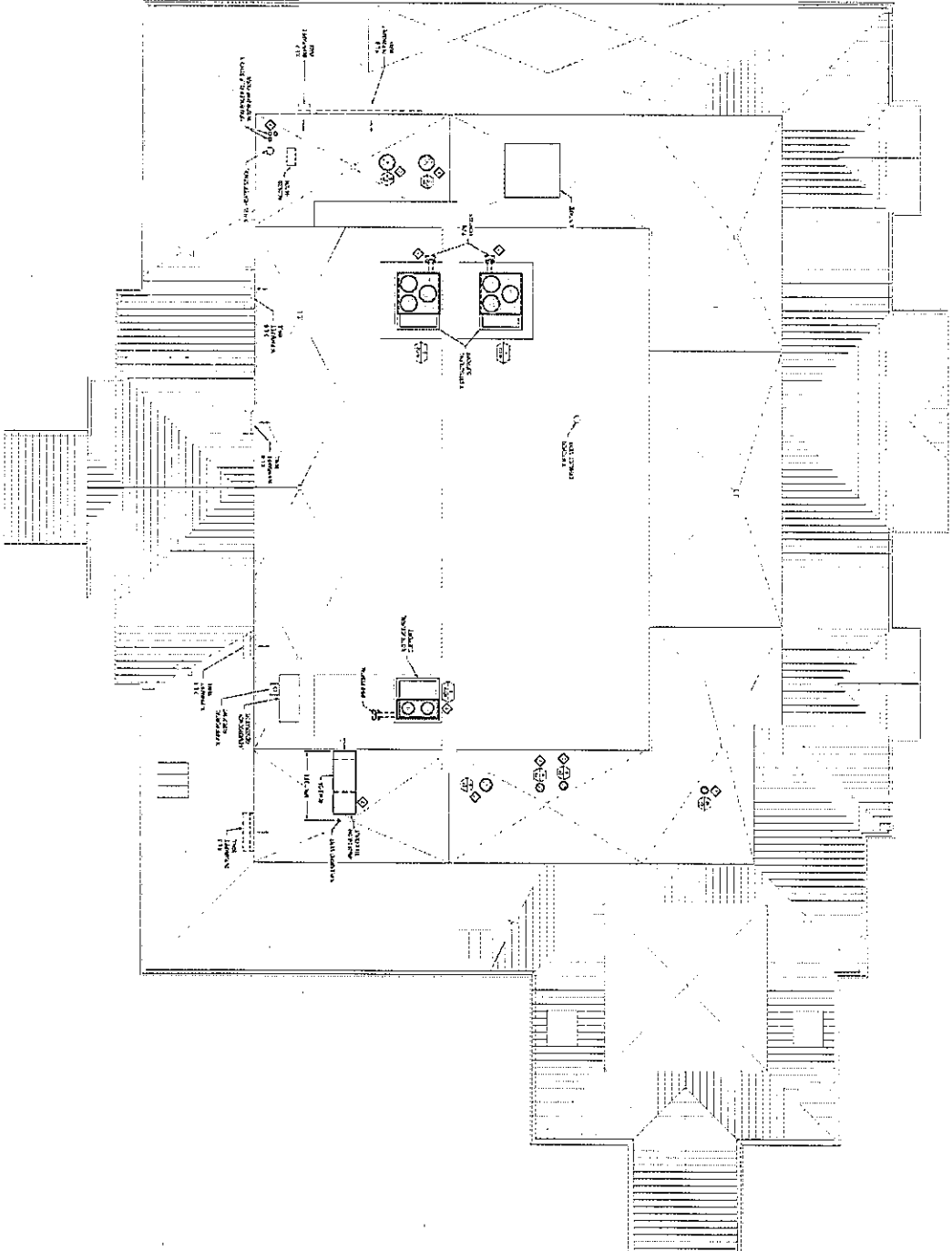


**SHEET TITLE**  
 MECHANICAL  
 PLAN

**SHEET NO.**  
 M1.3

**KEY NOTES**

1. EXISTING MECHANICAL SYSTEMS TO REMAIN SHALL BE IDENTIFIED BY A DASHED LINE.
2. NEW MECHANICAL SYSTEMS SHALL BE IDENTIFIED BY A SOLID LINE.
3. ALL MECHANICAL SYSTEMS SHALL BE INSTALLED IN ACCORDANCE WITH THE 2015 INTERNATIONAL MECHANICAL CODE (IMC) AND THE 2015 INTERNATIONAL PLUMBING CODE (IPC).
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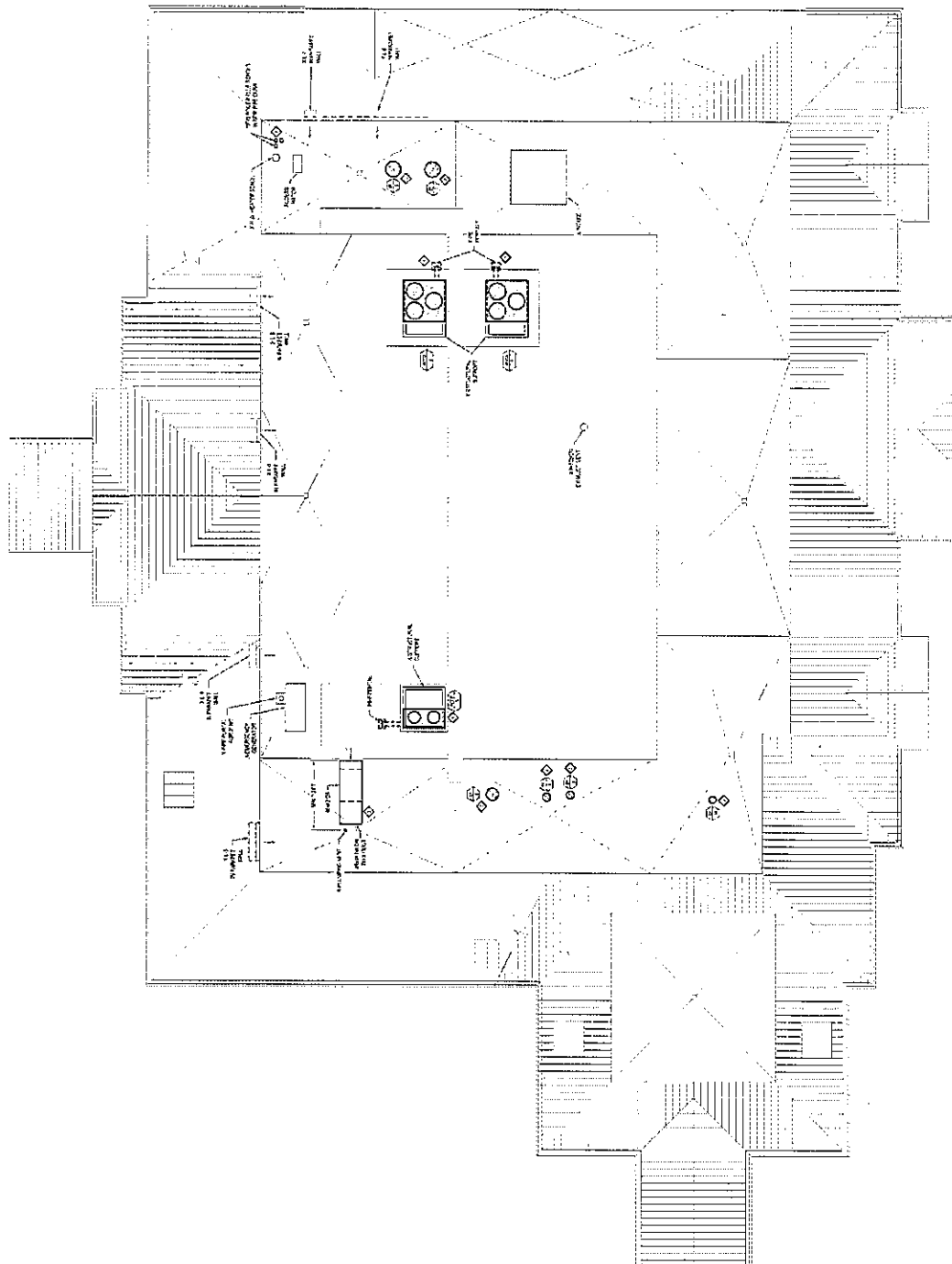


**MECHANICAL FLOOR PLAN**



# KEY NOTES

1. EXISTING MECHANICAL EQUIPMENT TO REMAIN SHALL BE IDENTIFIED BY A CIRCLE WITH AN "X" INSIDE. NEW MECHANICAL EQUIPMENT SHALL BE IDENTIFIED BY A CIRCLE WITH A DOT INSIDE.
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1. MECHANICAL FLOOR PLAN  
1/8" = 1'-0"