



CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.
Please print legibly.

ADDENDUM TO ORIGINAL SUBMISSION FOR 9/13/16

HPC
Mtg.

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

North Point South Historic District

ADDRESS OF PROPERTY:

224 N. TERRACE AVE. MILWAUKEE, WI 53202

2. NAME AND ADDRESS OF OWNER:

Name(s): Art & Rhonda Donney

Address: 6150 N. BECKEVEY BLD.

City: WHITEFISH BAY State: WI ZIP: 53217

Email: artd@taylordyno.com

Telephone number (area code & number) Daytime: 262.389.0540 Evening: 414.963.4467

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

Name(s): TEDD PARIBOLY - LAKE SIDE DEVELOPMENT COMPANY

Address: 1500 W. MARKET STREET SUITE 200

City: MERUON State: WI ZIP Code: 53092

Email: taddr@lakesidedevelopment.com

Telephone number (area code & number) Daytime: 262.292.2324 Evening: 414.963.4467

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.

* ADDENDUM to ORIGINAL SUBMISSION FOR 9/13/14 HPC Mtg.

- DETACHED GARAGE TO BE REHABILITATED ALONG WITH HOUSE. (DRAW. SHEET LA)
 - 1.) REPAINT EXTERIOR BRICK
 - 2.) REPAIR (2) EXTERIOR LIGHT SCREWS ON WEST FACADE.
 - 3.) REPAIR FLAT ROOF.
 - 4.) REPAIR WOOD GARAGE DOORS W/ NEW WOOD GARAGE DOORS.
- LAKE BALCONY RAILING CHANGED TO IRON BRACKETED. (NOT CABLE RAIL AS ORIGINALLY SUBMITTED.)
- DINING ROOM & MASTER BEDROOM WINDOWS CHANGED TO DBL. HUNG.
- 2ND FLR. FAMILY ROOM WINDOWS CHANGED TO DBL. HUNG. SAME FOR 2ND FLR. WEST BAY WINDOW.
- LAKE ROOM WINDOWS CHANGED TO CASEMENTS W/ FIXED TRANSOMS ABOVE.

6. SIGNATURE OF APPLICANT:


Signature

TODD RAGIDULY
Please print or type name

Sept. 8, 2014
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

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

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