



CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

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

RECEIVED
MAY 02 2013

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

ADDRESS OF PROPERTY:

2537 N 47TH ST. MILWAUKEE, WI

2. NAME AND ADDRESS OF OWNER:

Name(s): GREG + LAURA MARSHALL

Address: 2662 N 46TH ST.

City: MILWAUKEE State: WI ZIP: 53210

Email:

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

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

Name(s): DAVID HOFFMAN

Address: 711 MAIN ST

City: MILWAUKEE State: WI ZIP Code: 53018

Email: dhoffman@gmail.com

Telephone number (area code & number) Daytime: 262 893 4715 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.

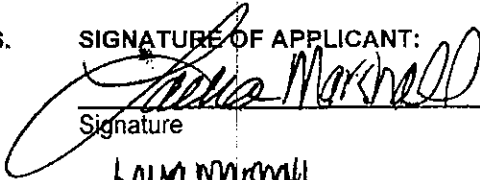
5. DESCRIPTION OF PROJECT:

Tell us what you want to do. Describe all proposed work including materials, design, and dimensions. Additional pages may be attached.

SEE ATTACHED

- REMOVE EXISTING ROOF DUE TO FLASHING FAILURE + INSTALL NEW GAF TIMBERLINE DIMENSIONAL SHINGLES.
- INSTALL NEW ALUMINUM GUTTERS IN SAUTONE COLOR TO MATCH EXISTING TRIM
- REMOVE DOWNSPOUT @ REAR TO REPLICATE FRONT DOWNSPOUT. WINDOWS TO BE ALL WOOD, ALL TRIM TO BE AZEK AND PAINTED TO MATCH EXISTING. EXTENSION TO BE STUCCO TO MATCH EXISTING DOWNSPOUT IN FRONT OF HOME.

6. SIGNATURE OF APPLICANT:



 Signature

Lora Marshall
Please print or type name

4/28/13
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

