



# 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)

Garden Homes

ADDRESS OF PROPERTY:

4377 No. 25<sup>th</sup> St.

2. NAME AND ADDRESS OF OWNER:

Name(s): Martha B. Love

Address: 4377 No. 25<sup>th</sup> St.

City: Milwaukee

State: W.I.

ZIP: 53209

Email: —

Telephone number (area code & number) Daytime: 414) 445-2417 Evening: 414) 445-2417

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 or 414-286-5722 for submittal requirements)

**A. REQUIRED FOR MAJOR PROJECTS:**

\_\_\_\_\_ Digital photographs of affected areas & all sides of the building

\_\_\_\_\_ 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

\_\_\_\_\_ Material and Design Specifications (please attach)

**B. NEW CONSTRUCTION ALSO REQUIRES:**

\_\_\_\_\_ Floor Plans (show fenestration and approximate wall locations, final floor plans are not required)

\_\_\_\_\_ 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.

April 13, 2026  
 My conversation, with Jim. Regarding windows at 4377 N. 25th St. 53209. Here are pictures of the windows. The windows were put in or installed many years ago. By an weatherizing program. I can't remember the name or date. At the time however, I did indicate to the worker, that the windows were not appropriate, for the historic area.

In response, I came to weatherizing your home, not to decorated it. at the time, and date I didn't know what to do! or what who to contact. In the future I do plan to get new windows. I am checking on deals in see on T.V.

Sincerely,  
 Martha B. Love

P.S. I believe  
 La Casa, did the window.

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

Martha B. Love  
Signature

Martha B. Love  
Please print or type name

4/16/2026  
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**