



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)

John Brown Residence

ADDRESS OF PROPERTY:

1819 North Hubbard St Milwaukee WI 53212

2. NAME AND ADDRESS OF OWNER:

Name(s): Stephen and Anna McAllister

Address: 531 High Street

City: Pewaukee

State: WI

ZIP: 53072

Email: steve@developmentservices.us

Telephone number (area code & number) Daytime: 414-708-6232

Evening: 414-708-6232

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

Name(s): same

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 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 via email.

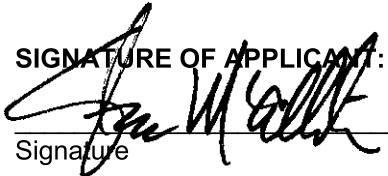
1. Prepare surfaces and paint exterior: of front house (see attached images noting paint colors and locations).

2. Prepare surfaces and paint exterior of rear house (see attached images noting paint colors and locations)

3. Reconnect down spouts to gutter system on north and south sides of rear house

4. West side / Rear Porch of Front house rebuilt / repaired. (see attached images)

6. SIGNATURE OF APPLICANT:



Signature

4/4/24

Stephen S. McAllister

Please print or type name

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.

Mail or Email Form to:

Historic Preservation Commission
City Clerk's Office
841 N. Broadway, Rm. B1
Milwaukee, WI 53202

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

hpc@milwaukee.gov

www.milwaukee.gov/hpc

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

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