



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)

ADDRESS OF PROPERTY:

2544 N 47

2. NAME AND ADDRESS OF OWNER:

Name(s):

Joe Hanson

Address:

2544 N 47

City:

Milw

State:

WI

ZIP:

53210

Email:

Telephone number (area code & number) Daytime:

Evening:

715-338-7504

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

Name(s):

Carlson's Chimney

Address:

820 Windsor Court

City:

Wauwatosa

State:

WI

ZIP Code:

53226

Email:

Chris@CarlsonsChimney.com

Telephone number (area code & number) Daytime:

Evening:

414 774-6955

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.

- Dismantle Chimney
- Rebuild using matching brick & mortar
- new internal flue tiles in rebuilt portion
- Chimney to match existing brickwork
- pour 5" concrete cup 1 1/2" overhang
- 1/4 inch water drip groove
- Step Flashing
- cutout and replace bricks below roofline
- Install stainless steel liner to furnace/water
- replace all pipes as need to furnace/water
- Insulate
- option
- fireplace tiles are cracked install stainless steel liner

6. SIGNATURE OF APPLICANT:

Signature

Please print or type name

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.

Mail or Email Form to:
Historic Preservation Commission
City Clerk's Office
841 N. Broadway, Rm. B1
Milwaukee, WI 53202

PHONE: (414) 286-5722

hpc@milwaukee.gov

www.milwaukee.gov/hpc

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

SUBMIT