



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:

2843 N Grant Blvd

2. NAME AND ADDRESS OF OWNER:

Name(s): Paul O'Brien

Address: 2843 N Grant Blvd

City: Milwaukee

State: WI

ZIP: 53210

Email: pobrien984@gmail.com

Telephone number (area code & number) Daytime: 6087383440

Evening: 6087383440

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

Name(s): Endries Solar and Electric

Address: 2601 S 19th Street

City: Sheboygan

State: WI

ZIP Code: 53081

Email: endries.russel@gmail.com

Telephone number (area code & number) Daytime: 9208895982

Evening: 9208895982

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")

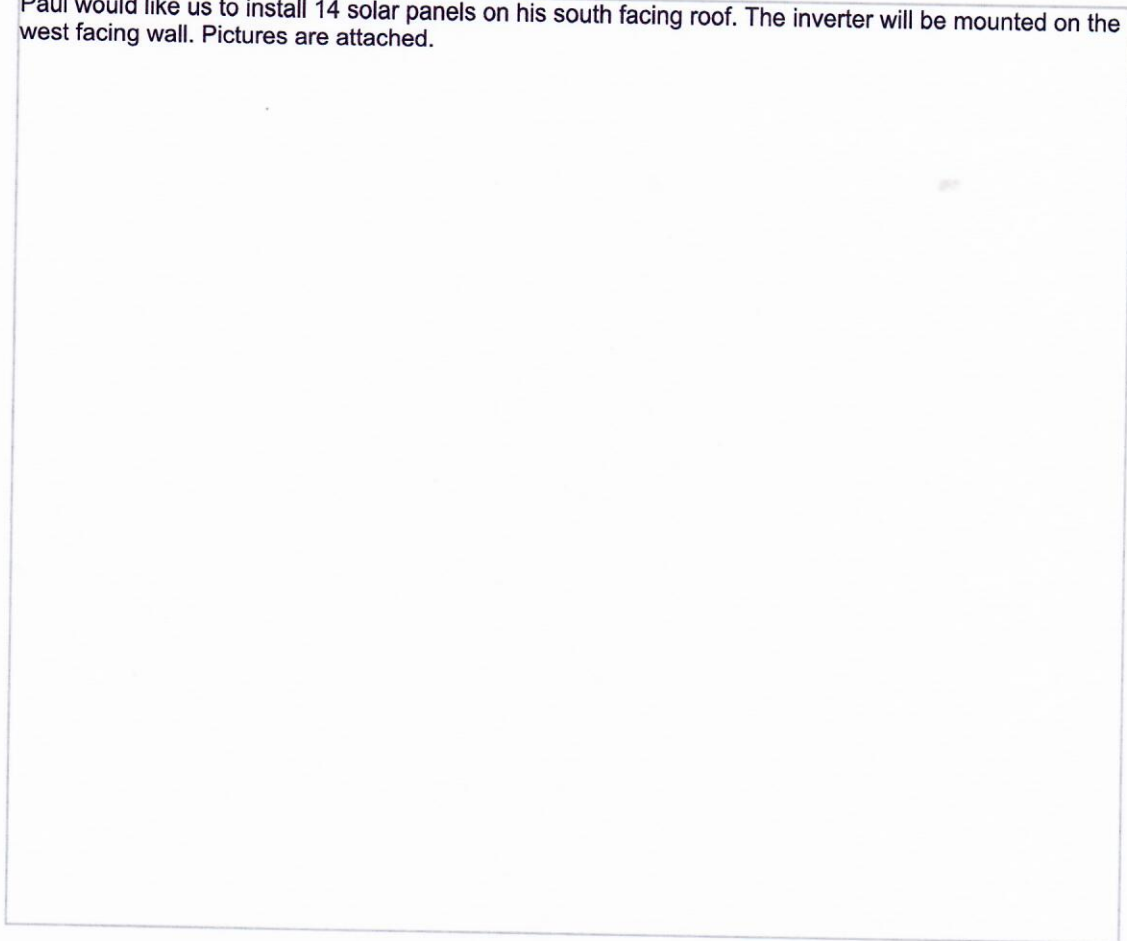
Site Plan showing location of project and adjoining structures and fences

**PLEASE NOTE: YOUR APPLICATION CANNOT BE PROCESSED UNLESS
BOTH PAGES OF THIS FORM ARE PROPERLY COMPLETED
AND SIGNED.**

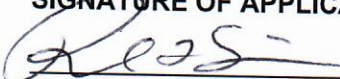
5. **DESCRIPTION OF PROJECT:**

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

Paul would like us to install 14 solar panels on his south facing roof. The inverter will be mounted on the west facing wall. Pictures are attached.



6. **SIGNATURE OF APPLICANT:**


Signature

Russel Endries
Please print or type name

12/26/2018
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