



CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

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

Rec'd 2:30 PM 12/20/12 f-j.

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

ADDRESS OF PROPERTY:

2360 N. Terrace Ave Milwaukee, WI 53211

2. NAME AND ADDRESS OF OWNER:

Name(s): Leri Siker

Address: 2360 N. Terrace Ave

City: Milwaukee State: WI ZIP: 53211

Email: Leri.Siker@voyewater.com

Telephone number (area code & number) Daytime: 884-8500 Evening: _____

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

Name(s): Centaur Restorations, Inc

Address: 3327 W. Kilbourn Ave

City: Milwaukee State: WI ZIP Code: 53208

Email: Centaur_Restorations@HotMail.Com

Telephone number (area code & number) Daytime: 414-243-2261 Evening: Same

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:

Available _____ 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

Need photo f-j 12/21

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



Handwritten mark at the bottom right of the page

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.

2nd Floor East SunRm.
Restore Louvered, Wood Framed Zinc windows, to a structurally sound and functional working system again. Provide a working storm window and screening system.

6. SIGNATURE OF APPLICANT:



Signature

N. Dunkelberger

Please print or type name

12/22/12

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

