

**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: 2905/2907 N Lake Dr

2. NAME AND ADDRESS OF OWNER:

Name(s): Diane Davis (2907) + Fiona Fnerstner (2905)

Address: 2905/2907 N Lake Dr.

City: Milwaukee State: WI ZIP 53211

Email: \_\_\_\_\_

Telephone number (area code & number) Daytime: (414) 241-9422 Evening: (414) 961-0334  
(no: 2907) (no: 2905)

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

A. REQUIRED FOR ALL PROJECTS:

- Photographs of affected areas & all sides of the building (annotated photos recommended)
- Sketches and Elevation Drawings (1 full size and 2 reduced to 11" x 17" or 8 1/2" x 11")
- Material and Design Specifications (see reverse side)

B. NEW CONSTRUCTION/DEMOLITION ALSO REQUIRES:

- Floor Plans (1 full size and 1 reduced to 11" x 17")
- Site Plan showing location of project and adjoining structures and fences

Other (explain):

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

5. DESCRIPTION OF PROJECT:

Describe all existing features that will be affected by proposed work. Please specify the condition of materials, design, and dimensions of each feature (additional pages may be attached)

[Empty rectangular box for describing existing features]

Photo No. \_\_\_\_\_

Drawing No. \_\_\_\_\_

A. Describe all proposed work, materials, design, dimensions and construction technique to be employed (additional pages may be attached)

Removal of existing garage doors, to be replaced with painted steel doors to look like Coach House doors.  
Work plan to begin, beginning of December 2010.  
To be installed by ADAM Overhead Door (262) 827-3667

Photo No. \_\_\_\_\_

Drawing No. \_\_\_\_\_

6. SIGNATURE OF APPLICANT:

Fiona Fuerstner  
Signature

Fiona Fuerstner  
Print or type name

11/17/2010  
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 Form to:  
Historic Preservation Division  
809 North Broadway – 1st Floor  
Milwaukee, WI 53202

or

Mail Form to:  
Historic Preservation Division  
809 N. Broadway  
Milwaukee, WI 53202

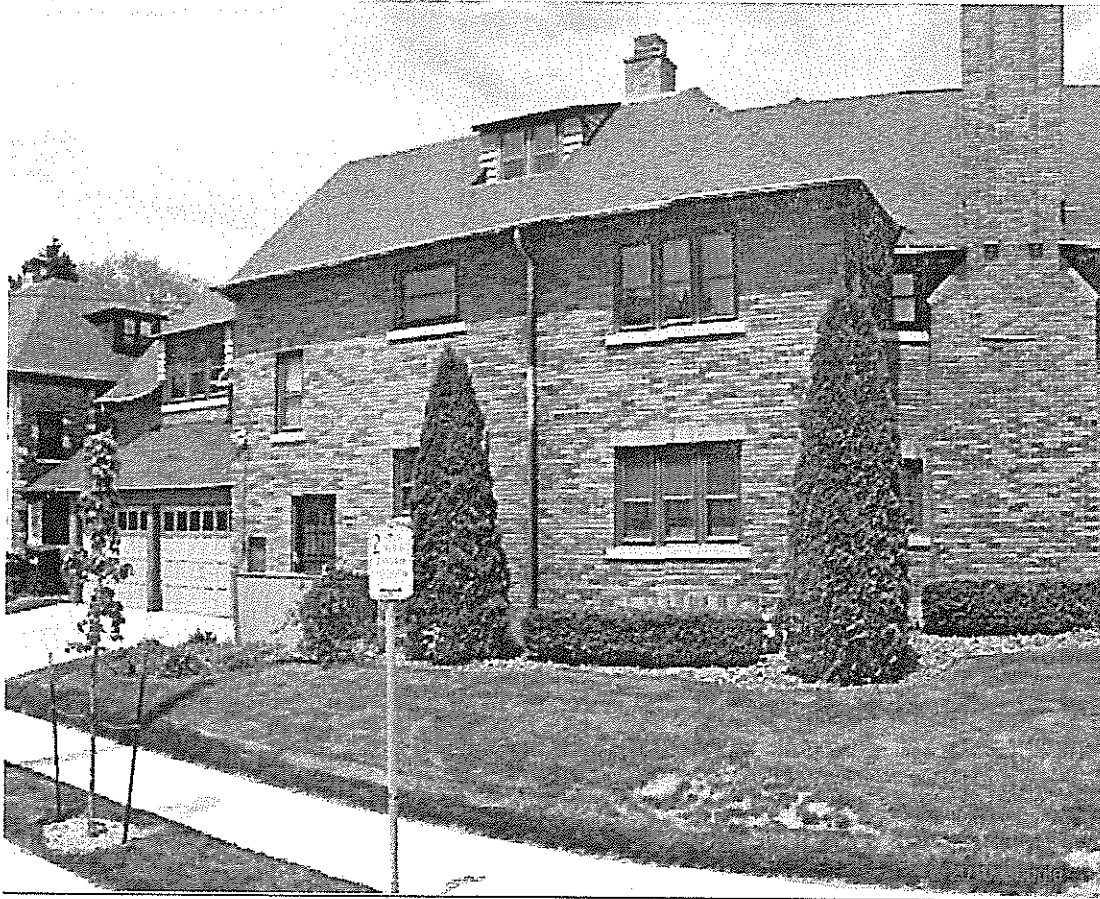

PHONE: 414.286-5712

FAX: 414. 286-0232

Google maps

*2905/2907 N Lake Dr*  
Address ~~3087~~ East Locust Street  
Address is approximate

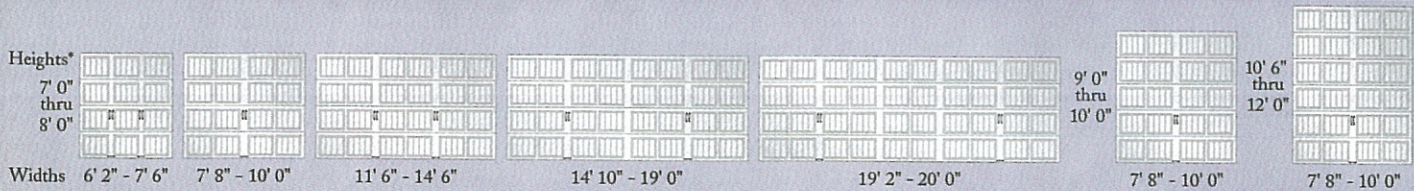
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Model ED2SP, Wrought Iron Short Windows.  
Standard Lift Handles and Step Plates.

### Short Panel Configurations (Model ED2SP)



\*See Number of Sections/Section Height Chart on back.

### Short Panel Window Designs and Top Section Options

Long Top Section					Arch 1 Plain
Plain Short					Arch 1 with Grilles
Plain Long					Arch 2 Plain
Long with Rectangular Grilles					Arch 2 with Grilles
Short with Square Grilles					Arch 3 Plain
Long with Square Grilles					Arch 3 with Grilles
Wrought Iron Short					Wrought Iron Arch
Wrought Iron Long					