

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) Historic Concordia					
		ESS OF PROPERTY: V Kilbourn Ave				
2.	NAME AND ADDRESS OF OWNER:					
	Name(s): Amy Lamb					
	Address: 3008 W Kilbourn Ave					
	City: M	filwaukee	State: WI	ZIP: 53208		
	Email: klamb@fmlh.edu					
	Teleph	one number (area code & number)	Daytime: 262-352-7527	Evening: same		
3.	APPLICANT, AGENT OR CONTRACTOR: (if different from owner)					
	Name(s):					
	Address:					
	City:		State:	ZIP Code:		
	Email:					
	Teleph	one 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)				
	X	Sketches and Elevation Drawings (1 full size and 1 reduced to 11" x 17" or 8 ½" x 11") A digital copy of the photos and drawings is also requested.				
		Material and Design Specifications (see next page)				
	В.	NEW CONSTRUCTION ALSO REQUIRES:				
		Floor Plans (1 full size and 1 reduced to a maximum of 11" x 17")				
	X	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 a and dimensions. Additional pages may		s, design,
Build a three car carriage style detached of	garage built by J.D. Griffiths Co., Inc.	
Dimensions: 32' x 22'		
Materials: All materials are documented o	n page 6 of the attached file	
Owen Corning OakRedge Pro 30 Dimensi HardipPlank Primed Texture Siding Carriage style garage door 2x8 Rafters at 16"	ional Shingles	
SIGNATURE OF APPLICANT:		
Signature		
Amy Lamb	12/23/2015	
Please print or type name	Date	
n and all supporting documentation MUST arriced at the next Historic Preservation Commissing of the meeting will not be considered by the Congruentions and staff will assist you.	ion Meeting. Any information not pro-	vided to staff in

This form a considered advance of have any q

Hand Deliver or Mail Form to: Historic Preservation Commission City Clerk's Office 200 E. Wells St. Room B-4

Milwaukee, WI 53202

6.

PHONE: (414) 286-5722 FAX: (414) 286-3004 www.milwaukee.gov/hpc

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

SUBMIT

