



# 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)

BREWERS HILL

ADDRESS OF PROPERTY:

210 W BROWN STREET

2. NAME AND ADDRESS OF OWNER:

Name(s): ART MARBURG

Address: 210 W. BROWN ST

City: MILWAUKEE State: WI ZIP: 53212

Email: CASEW@EXECPC.COM

Telephone number (area code & number) Daytime: 414-234-3391 Evening: 334-3391  
(same)

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

Name(s): ART MARBURG

Address: AS ABOVE

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

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

Telephone 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)

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) *(AS JPEG)*

~~**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.

- #1) RE-INSTATE PREVIOUS COAFOR WINDOWS FROM 2013 (ONLY BASEMENT AWNING WINDOWS COMPLETED)
- #2) REPAIR MISSING OR BROKEN SOFFIT & FREEZE (SEE PICTURES# PICS #6,7,8)
- #3) CONSTRUCT CAPS FOR 2 WINDOWS ON ALLEY SIDE (WEST) TO MATCH SIMILAR ON EAST SIDE (SEE DWG) PICS #3,4,5
- #4) CONSTRUCT SCREENED PORCH ON N.W. CORNER OF HOUSE (ALLEY SIDE) AS DETAILED IN DRAWINGS. PICS #1 & 2
- #5) STRIP & SCRAPE EXTERIOR & PAINT PICS #9+10

6. SIGNATURE OF APPLICANT:

*Art Marburg*

Signature

ART MARBURG

Please print or type name

April 18/2015

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



↙ TOP OF SHED ROOF  
1" SLOPE

VIEW OF NORTH ELEVATION

#1





HEIGHT OF SHED ROOF ↗

VIEW OF WEST ELEVATION #2







#3

EAST ELEVATION (WINDOW CAP)





EAST ELEVATION (WINDOWCAPS)

# 4





TWO WEST ELEVATION WINDOWS I WISH TO ADD CAPS TO #5



EAST SIDE NEEDING SOFFIT #6



LACK OF BED  
Moulding UNDER

SOFFIT #7

#7



EAST WINDOW CAP

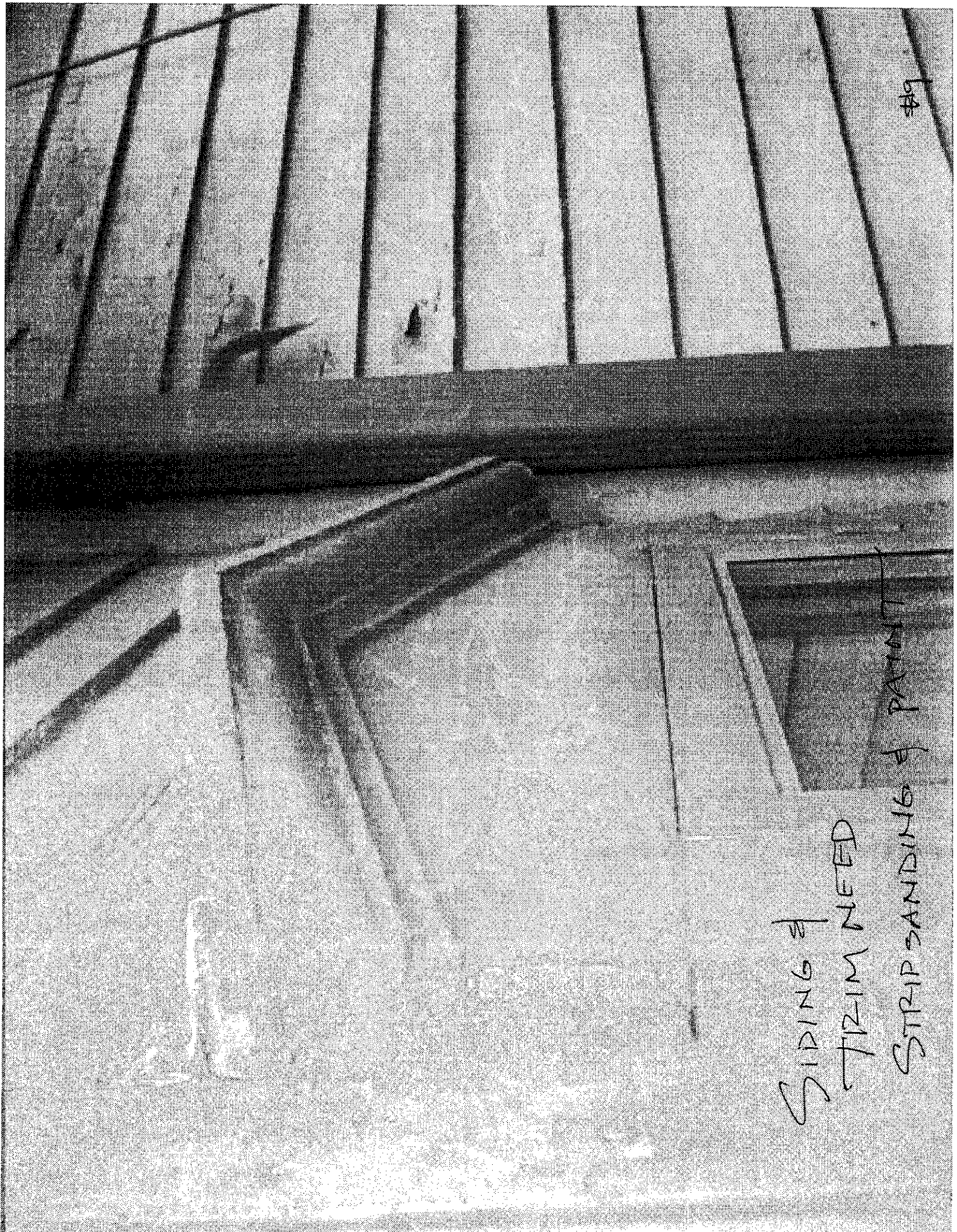
NEED REPLACEMENT

A2



4/9

STRIP &  
TRIM NEEDED  
STRIP SANDING & PAINT





#10

EAST GABLE WINDOW

NEED STRIP, SANDING

& PAINT

(IN GOOD CONDITION)