



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:

3319 N. Lake Drive

2. NAME AND ADDRESS OF OWNER:

Name(s): Christopher S. Abele

Address: 3319 N. Lake Drive

City: Milwaukee

State: WI

ZIP: 53211

Email: seton1@aol.com

Telephone number (area code & number) Daytime: 414.243.9956

Evening:

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

Name(s): Flatwater Homes LLC

Address: 111 E. Wisconsin Ave., Suite 1400

City: Milwaukee

State: WI

ZIP Code: 53202

Email: mlutz@flatwaterhomesllc.com

Telephone number (area code & number) Daytime: 713.609.3270

Evening:

4. ATTACHMENTS: (Because projects can vary in size and scope, please call the HPC Office at 414-286-5712 or 414-286-5722 for submittal requirements)

A. REQUIRED FOR MAJOR PROJECTS:

☐ Digital photographs of affected areas & all sides of the building

☐ Sketches and Elevation Drawings in PDF form. New construction, major storefront remodels, etc., must provide one set of D or E size drawings and sections

☐ Material and Design Specifications (please attach)

B. NEW CONSTRUCTION ALSO REQUIRES:

☐ Floor Plans (show fenestration and approximate wall locations, final floor plans are not required)

☒ 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.

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 via email.

Under Building Permit # RES-ALT-26-00052 we are updating the heating system at the gate house - see attached view or property.

No alterations will be made for venting of the updated equipment.

we will be adding a small Air Handler unit that will be located behind some boxwood hedges adjacent to the NW corner of the gate house.

the client had originally not wanted to install conditioning so this is why we are seeking

6. SIGNATURE OF APPLICANT (owner signature required for demolition):


Signature

Matt Lutz

Please print or type name

7.06.26

Date

This form and all supporting documentation MUST arrive by 4:00 pm (11:59 pm via email) 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.

Email Form to: hpc@milwaukee.gov

Historic Preservation Commission
841 N. Broadway, Rm. B1
Milwaukee, WI 53202

PHONE: (414) 286-5712 or 286-5722

www.milwaukee.gov/hpc

Or click the SUBMIT button to automatically email this form, if using an app such as Outlook or Apple Mail. The submit button does not work with web-based email interfaces.

SUBMIT

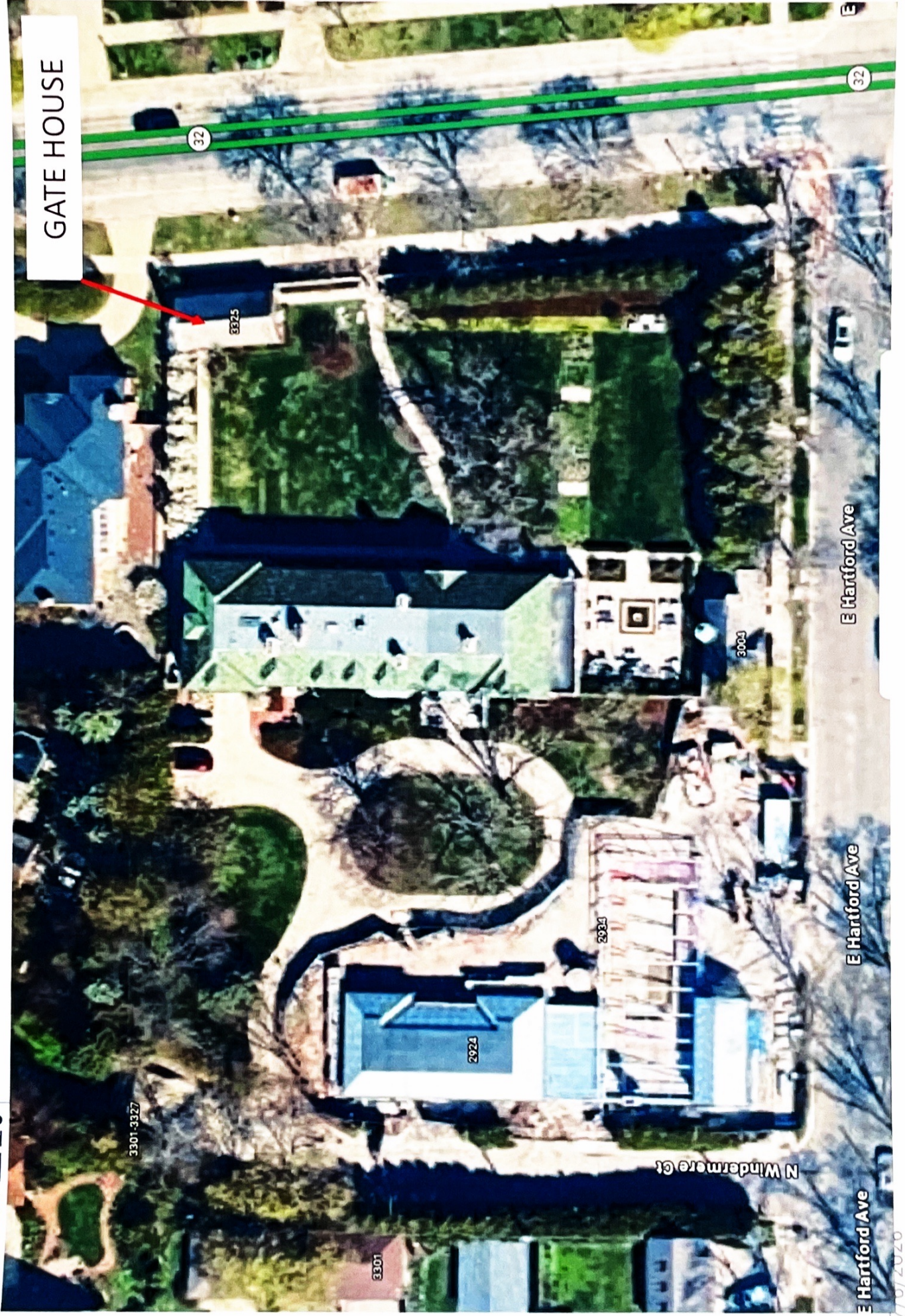
FLAT WATER

Project Name: GHK3 – ABELE – COA for air handler

Location: Milwaukee, WI

Project Manager: Matt Lutz mlutz@flatwaterhomesllc.com 713.609.3270

GATE HOUSE



FLAT WATER

Project Name: GHK3 – ABELE – COA for air handler
Location: Milwaukee, WI
Project Manager: Matt Lutz mlutz@flatwaterhomesllc.com 713.609.3270

