



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:

2945 (43) N Sherman Blvd, Milwaukee

2. **NAME AND ADDRESS OF OWNER:**

Name(s): Us Bank Trust NA For

Address: 3630 Peachtree Rd NE, Ste 1500 LSF9 Master Participation Trust

City: Atlanta State: GA ZIP: 30326

Email:

Telephone number (area code & number) Daytime: 608-842-1013 Evening:

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

Name(s): Advanced Restoration Inc

Address: 548 Park ST

City: Belgium State: WI ZIP Code: 53004

Email: jon@advancedrestoration.org

Telephone number (area code & number) Daytime: 262-770-1963 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)

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 via email.

The area of brick under the East elevation bay window is severely deteriorated and missing in areas. Advanced Restoration will remove the remainder of the brick sides under the window. We will furnish and install (2) new steel lentils above the basement windows. The steel lentils will be flashed with stainless steel drip edge and covered with rolled membrane flashing up the backside of the wall. We will reconstruct the area with closely matching brick and mortar to exact original specifications. Approximately 450-500 brick will be needed to rebuild this section.

There are numerous areas of missing and deteriorated mortar joints on the lower area of the South elevation. Advanced Restoration will grind out all deteriorated mortar joints on the lower 4' of the South elevation. We will use a OSHA approved hepa vacuum grinding system to abide by the silica regulations. We will tuck point the area with closely matching mortar.

6. SIGNATURE OF APPLICANT:



Signature

Jonathan Eippert

Please print or type name

12/16/2020

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.

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) 286-5712 or 286-5722

hpc@milwaukee.gov

www.milwaukee.gov/hpc

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

SUBMIT

