

Certificate of Appropriateness

LIVING WITH HISTORY

Milwaukee Historic Preservation Commission/809 N. Broadway/PO Box 324/Milwaukee, WI 53201-0324/414-286-5712

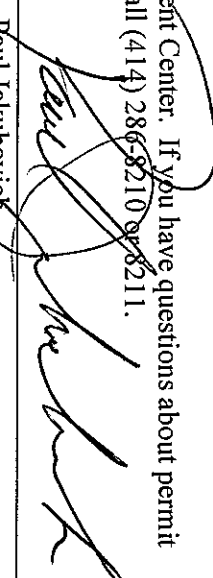
Property	2206 E. KENILWORTH PL.
Description of work	Install new block window on side elevation (not visible from street or rear of house).
Date issued	6/24/2010
	PTS ID 66556 COA, bathroom window on side of house

In accordance with the provisions of Section 308-81(9) of the Milwaukee Code of Ordinances, the Milwaukee Historic Preservation Commission has issued a certificate of appropriateness for the work listed above. The work was found to be consistent with preservation guidelines. The following conditions apply to this certificate of appropriateness:

Window must not be visible from the street or rear of house. Only this window will be changed. Size of window to remain original.

All work must be done in a craftsman-like manner, and must be completed within one year of the date this certificate was issued. Staff must approve any changes or additions to this certificate before work begins. Work that is not completed in accordance with this certificate may be subject to correction orders or citations. If you require technical assistance, please contact Paul Jakubovich of the Historic Preservation staff as follows: Phone: (414) 286-5712 Fax: (414) 286-0232 E-mail: pjakub@milwaukee.gov.

If permits are required, you are responsible for obtaining them from the Milwaukee Development Center. If you have questions about permit requirements, please consult the Development Center's web site, www.mkedcd.org/build, or call (414) 286-8210 or 8211.


Paul Jakubovich
City of Milwaukee Historic Preservation

Copies to: Development Center, Ald. Nik Kovac, Inspector Jim Friedrichs (286-5982)

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)

Northpoint

ADDRESS OF PROPERTY: 2206 E. Kenilworth Place

2. NAME AND ADDRESS OF OWNER:

Name(s): Richard Fons

Address: 2206 E. Kenilworth Place

City: Milwaukee State: WI ZIP 53202

Email: rick41370@aol.com

Telephone number (area code & number) Daytime:() - Evening:() -

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

Name(s): Karen Kravits

Address: _____

City: _____ State: _____ ZIP Code: _____

Email: kkinteriors@yahoo.com

Telephone number (area code & number) Daytime:(847) 308-3747 Evening:() -

4. ATTACHMENTS

A. REQUIRED FOR ALL PROJECTS:

X 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)

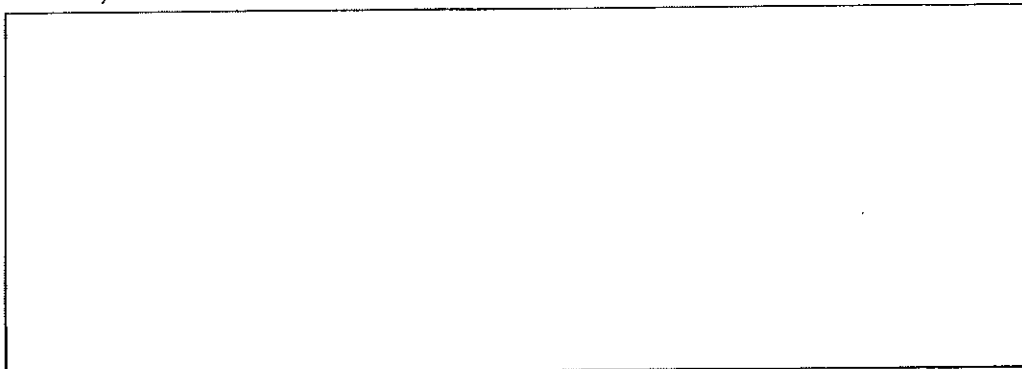


Photo No. _____

Drawing No. _____

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

Replacing existing 2nd floor bath windows with glass block.

Photo No. _____

Drawing No. _____

6. SIGNATURE OF APPLICANT:

Karen M. Kravitz
Signature

Karen Kravitz
Print or type name

3-15-10
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: _____ or
Historic Preservation Division
809 North Broadway -- 1st Floor
Milwaukee, WI 53202

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

PHONE: 414.286-5712

FAX: 414. 286-0232