



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)

Isaac Leister

ADDRESS OF PROPERTY:

1142 Bradley RD

2. NAME AND ADDRESS OF OWNER:

Name(s): All service contracting Property Management / T Angelo McWane

Address: 9700 W. Lisbon Ave

City: Milwaukee

State: WI

ZIP: 53222

Email: Homcwan@yahoo.com

Telephone number (area code & number) Daytime: 414-366-2251 Evening: _____

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

Name(s): _____

Address: _____

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)

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.

- Paint shutters and trim on main house.
- Paint 2 car garage and Paint Guest house.
- Repair roof on 2 car garage
- Repair roof on guest house.
- Take down old light fixtures/Replace with new light fixtures main house.
- Replace old toilet.
- Paint the walls inside the entire house
- Hang new Cabinets.
- Remove and fill the pool back to grass
- Replace furnace and A/C with permit.

6. SIGNATURE OF APPLICANT:


 Signature

T. Angelo McNair
 Please print or type name

4.27.2022
 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.

Mail or Email Form to:
 Historic Preservation Commission
 City Clerk's Office
 841 N. Broadway, Rm. B1
 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