



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)

Concordia

ADDRESS OF PROPERTY:

949 N 34th

2. NAME AND ADDRESS OF OWNER:

Name(s): Phil Perry

Address: OUT OF STATE

City: _____ State: _____ ZIP: _____

Email: P.L.P Flipper @ G mail.com

Telephone number (area code & number) Daytime: (202) 841-3178 Evening: _____

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

Name(s): PAUL MUSCISTER

Address: 5128 SO 92nd STREET

City: Greendale State: WI ZIP Code: 53129

Email: CreamCityMasonry @ Yahoo.com

Telephone number (area code & number) Daytime: (414) 915-9440 Evening: 5442

4. ATTACHMENTS

A. REQUIRED FOR ALL PROJECTS:

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 next page)

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): REMOVE SOUTH EAST CORNER & REBUILD

PLEASE NOTE: YOUR APPLICATION CANNOT BE PROCESSED UNLESS BOTH PAGES 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)

Failed brick wall on south east corner below grade
sinking corner of block (above grade) approx 8x4
about 10 block above grade, all work in rear of
house

Photo No. _____ Drawing No. _____

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

remove failed brick wall & top three courses of
block. Inspect footings - replace if failed. 8x4
rebuild corner wall approx 8x4. using 12" CMU.
Per eng report (verbal) Deacon Ellis engineering
attempt to save above grade block. (414) 469-0104
if not salvageable use 12" split face CMU

Photo No. _____ Drawing No. _____

6. SIGNATURE OF APPLICANT:

Paul Moscister
Signature

Paul Moscister _____
Print or type name 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

PHONE: (414) 286-5722 FAX: (414) 286-3004 www.milwaukee.gov/hpc