



# 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)**

Sherman Boulevard Historic district

**ADDRESS OF PROPERTY:**

2210 N. Sherman Blvd.

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

Name(s): N.I.D.C. Department of City Development

Address: 809 N Broadway

City: Milwaukee

State: Wisconsin

ZIP 53202

Email: Robert.McInnes@milwaukee.gov

Telephone number (area code & number) Daytime: 414-286-6458

Evening: 414-708-3258

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

Name(s): Robert McInnes -Housing rehabilitation specialist N.I.D.C.

Address: 809 N Broadway

City: Milwaukee

State: Wisconsin

ZIP Code: 53202

Email: Robert.McInnes@milwaukee.gov

Telephone number (area code & number) Daytime: 414-286-6458

Evening: 414-708-3258

**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):

**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)

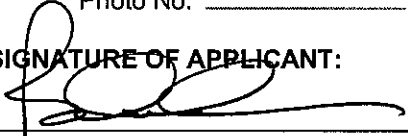
Construct dormer per attached plans and elevation.

Photo No. \_\_\_\_\_ Drawing No. \_\_\_\_\_

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

Photo No. \_\_\_\_\_ Drawing No. \_\_\_\_\_

6. **SIGNATURE OF APPLICANT:**

  
\_\_\_\_\_

Signature

ROBERT MCINNES 12-28-2011  
Print or type name Date

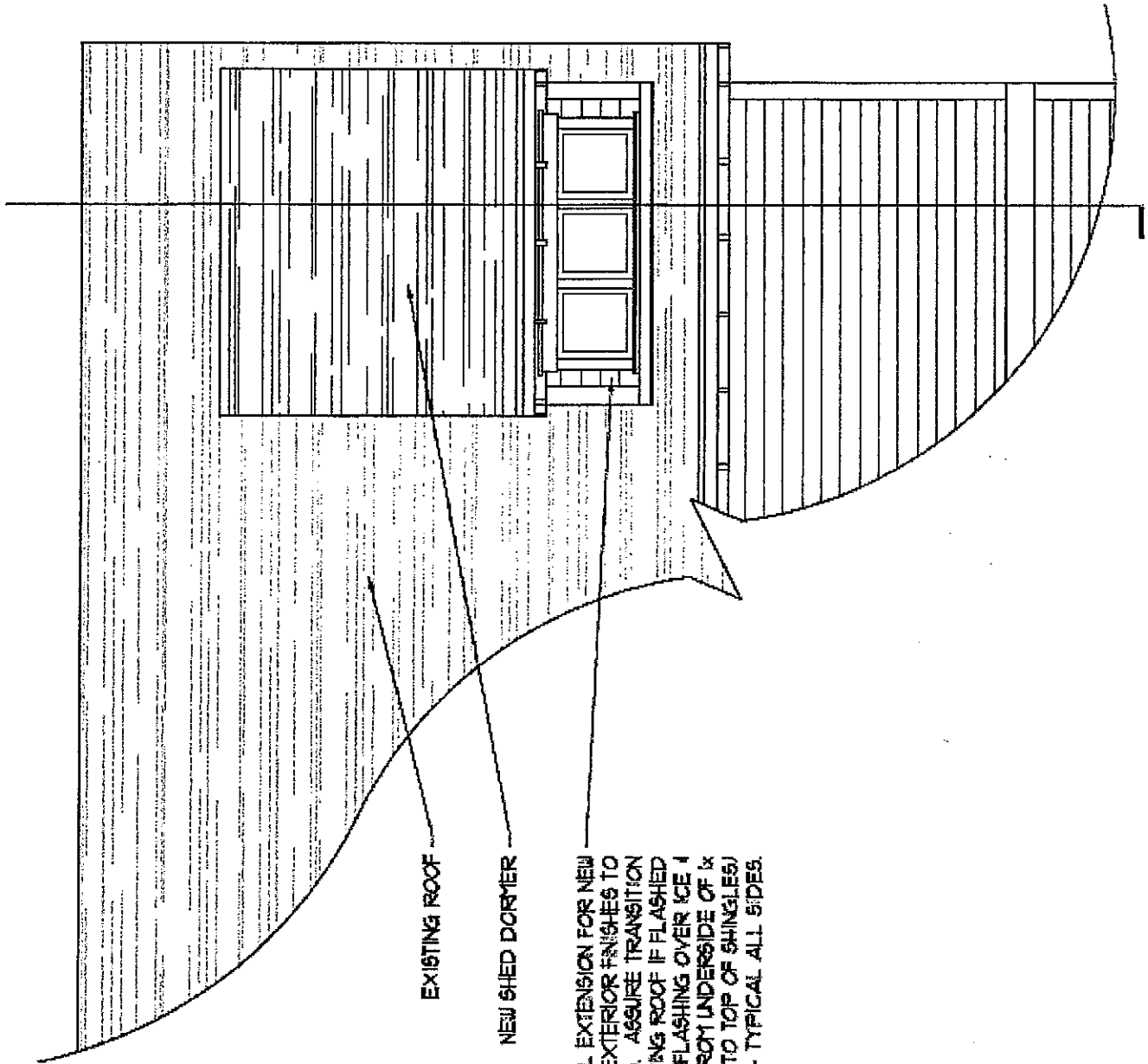
This form and all supporting documentation **MUST** arrive by 12:00 noon on the deadline date established to be considered at the next Historic Preservation Commission Meeting. Any information not provided to staff in advance of the meeting will not be considered by the Commission during their deliberation. 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](http://www.milwaukee.gov/hpc)



EXISTING ROOF

NEW SHED DORMER

EXTERIOR WALL EXTENSION FOR NEW SHED DORMER. EXTERIOR FINISHES TO MATCH EXISTING. ASSURE TRANSITION FROM WALL TO EXISTING ROOF IF FLASHED (BREAK METAL FLASHING OVER ICE & WATER BARRIER FROM UNDERSIDE OF 1" TRIM OR SIDING TO TOP OF SHINGLES) AND WATER TIGHT - TYPICAL ALL SIDES.

(2) 2x2 RAFTER HEADER (SFF NO2) ATTACHED TO TRIPLED PERIMETER RAFTER (GIRDER TRUSS) W/ JOIST HANGERS, TYPICAL.

NEW ASPHALT SHINGLES TO MATCH EXISTING OVER 15# FELT. INSTALL ICE & WATER BARRIER FROM GUTTER TO 24' FAST EXTERIOR WALL.

NEW 2x8 RAFTERS @ 24" o.c. TO BE ALIGNED WITH EXISTING RAFTERS AND ATTACHED TO HEADER WITH RAFTER HANGERS, TYPICAL.

R-13 MIN BATT INSULATION ON SIDE WALLS

INSTALL R-25 BATT INSULATION BETWEEN RAFTERS AND 5/8" GIBB OVER VAPOR BARRIER TO UNDERSIDE - INSULATION BAFFLES TO BE INSTALLED AS NECESSARY TO SATISFY VENTING REQUIREMENTS, TYPICAL.

INSTALL H5 CLIPS AT ALL RAFTER BEARING LOCATIONS, TYP.

(2) 2x10 SFF NO2 HEADER W/ 16d NAILS AT 12" o/c T4B AND BEARING ON (2) SFF NO2 SHOULDER STUDS AND (1) COMMON STUD ON EACH END.

NEW OVERHANG, FASCIA, SOFFIT, AND DETAILING TO MATCH EXISTING, TYPICAL.

WINDOW TRIM TO MATCH EXISTING, TYPICAL.

(3) 24" TALL FIXED SASH WINDOWS, GC TO DETERMINE WIDTH (3 WINDOWS + 2 INTERMEDIATE COLUMNS TO MATCH EXISTING)

ALL NEW WINDOWS TO BE APPROVED BY CLIENT AND TO BE MINIMUM SHGC & UFACTOR OF .3 W/ INSULATED LOW E GLAZING.

1 1/2" FT WOOD SILL (SLOPED AWAY FOR POSITIVE DRAINAGE) OVER SILL FLASHING, TYPICAL. FT 1/2 BELOW SILL - INSTALL BREAK METAL FLASHING (OVER ICE & WATER BARRIER) FROM UNDERSIDE OF IK TO TOP OF SHINGLES, TYP ON ALL SIDES.

