



## 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)**

Brewers Hill Neighborhood

**ADDRESS OF PROPERTY:**

1911 N 2nd Street

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

Name(s): Carol Storm

Address: 9423 W Hawthorne Rd

City: Mequon

State: WI

ZIP: 53097

Email: Calmb4@gmail.com

Telephone number (area code & number) Daytime: 262-242-2980

Evening: \_\_\_\_\_

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

Name(s): AMY CARMAN DESIGN - Josh Ehr

Address: 9810 Echelon Ln

City: Wauwatosa

State: WI

ZIP Code: 53226

Email: josh@amycarman.com

Telephone number (area code & number) Daytime: 612.385.2565

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.

This project proposes to convert an existing duplex in the Brewer's Hill Neighborhood to a single family home. The exterior renovations will be harmonious with the existing historic character and improve upon previous renovations that were not harmonious with the historic character.

Please see the attached drawing set for more information on materials and design.

**6. SIGNATURE OF APPLICANT:**

Signature

Josh Ehr

Please print or type name

8.6.2020

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.

**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](mailto:hpc@milwaukee.gov)

[www.milwaukee.gov/hpc](http://www.milwaukee.gov/hpc)

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

**SUBMIT**