



# 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)**

Water Tower North

**ADDRESS OF PROPERTY:**

2559 N Wahl Avenue

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

Name(s): Paul and Kathrin Gaffney

Address: 2559 N Wahl Avenue

City: Milwaukee

State: WI

ZIP: 53211

Email: PGAFFNEY2000@GMAIL.COM

Telephone number (area code & number) Daytime: 508-904-1393

Evening: 508-904-1393

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

Name(s): Full Circle Construction LLC c/o Karl Holtermann

Address: 829 N 63rd Street

City: Wauwatosa

State: WI

ZIP Code: 53213

Email: Peter.FullCircle@gmail.com

Telephone number (area code & number) Daytime: 414-202-5090

Evening: 414-202-5090

**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.

We propose to add a 3rd Mechanical Condensing Unit along the North Elevation of the residence at 2559 N Wahl Avenue. The Unit would sit between the existing (2) Condensing Units. The proposed Unit would be a similar size to the Western most, and smaller of the two. The proposed unit would be centered on the Kitchen Window at at the 1st floor and between the (2) Basement Windows.

**6. SIGNATURE OF APPLICANT:**

\_\_\_\_\_  
Signature

Karl Holtermann  
\_\_\_\_\_  
Please print or type name

May 15, 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**