



# CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.  
Please print legibly.

*Revised 11/30*

**1. HISTORIC NAME OF PROPERTY OR HISTORIC DISTRICT: (if known)**

Uptown

**ADDRESS OF PROPERTY:**

2319 North Sherman BLVD

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

Name(s): Steven Mahan

Address: 2470 North 2nd Street

City: Milwaukee

State: WI

ZIP: 53212

Email: stevengayle@wi.rr.com

Telephone number (area code & number) Daytime: 414-875-8389

Evening: 414-875-8389

**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:**

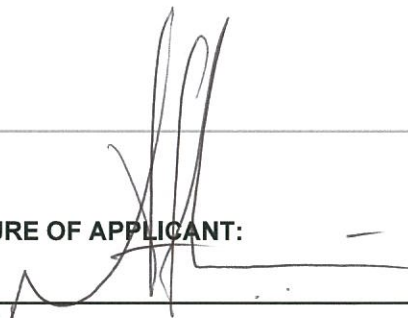
Tell us what you want to do. Describe all proposed work including materials, design, and dimensions. Additional pages may be attached.

Replace Defective Fascia boards (South Side of Structure)  
All wood will be replaced to original stature with white pine lumber.

Replace defective boards on roof eave (East Side of Structure)  
All wood will be replaced to original stature with white pine lumber.

Replace missing downspout (North Side of Structure)  
Downspout will be replaced with architectural corrugated metal

**6. SIGNATURE OF APPLICANT:**



Signature

Steven Mahan  
Please print or type name

11/17/15  
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 53202

**PHONE: (414) 286-5722**

**FAX: (414) 286-3004**

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

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

**SUBMIT**



SOUTH SIDE  
REPLACE  
DEFECTIVE  
FACIA BOARDS



EAST SIDE  
REPLACE  
DEFECTIVE  
BOARDS ON  
ROOF EAVE



NORTH SIDE  
REPLACE  
MISSING  
DOWNSPOUT