



# 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)**

Northpoint Historic District

**ADDRESS OF PROPERTY:**

2234/2236 N. Terrace Avenue Milwaukee, WI 53202

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

Name(s): Cris Slawinski and Yvonne Huetiger

Address: 2236 N. Terrace Avenue Milwaukee WI 53202

City: Milwauai

State:

ZIP:

Email: ottostrack1892@gmail.com

Telephone number (area code & number) Daytime: 414-332-0087

Evening:

**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.**

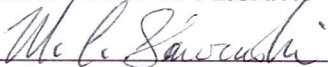
**5. DESCRIPTION OF PROJECT:**

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

Repairs to small section of slate roof on SE corner of building over 2nd floor porch to correct leaking. This will only include the south facing section of the roof area over 2nd floor porch, unless it is determined that repairs are also needed on smaller section of east facing area over 2nd floor porch.

Slate will be removed and reused or replaced as needed. Any new slate will match color of existing slate. Wood and underlayment will be replaced as needed to stop leaking.

**6. SIGNATURE OF APPLICANT:**

  
Signature

M. Cristina Slawinski  
Please print or type name

8-11-21  
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**