



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)

Charles Allis Museum

ADDRESS OF PROPERTY:

1801 N. Prospect Ave. Milwaukee, WI 53202

2. NAME AND ADDRESS OF OWNER:

Name(s): Charles Allis Museum

Address: 1801 N. Prospect Ave.

City: Milwaukee

State: WI

ZIP: 53202

Email: jsterr@cavtmuseums.org

Telephone number (area code & number) Daytime: 414-278-8295

Evening: _____

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

Name(s): Ramirez Restoration LLC.

Address: 1220 E. Russell Ave. Ste. B

City: Milwaukee

State: WI

ZIP Code: 53207

Email: ramirezrestoration@gmail.com

Telephone number (area code & number) Daytime: 4149624982

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.

Dismantle the damaged brick pillar located at the south east entrance of the property. Grind/chisel away the existing mortar from the brick. Rebuild the pillar using the existing brick and re-secure the ornamental cap on top of the pillar. Tooth in the pillar to the existing wall as necessary. Re-secure the gate to the pillar.

Grind/chisel out and tuck-point approximately 40% of the cracked mortar joints on the west side pillar near the alley. Remove the bed of mortar that the ornamental cap sits on and re-secure the cap with a new bed of mortar.

Replace the coping stone on pier (new stone to be provided by Halquist Stone, as per representative of Halquist the piece will be "the lighter end of some Lake Superior type stone" approximately 34" x 17" x 5") which intersects with the pillar at the south east entrance of the property, which was cracked through from the impact of the incident.

We will be removing the vines as necessary in all work areas.

6. SIGNATURE OF APPLICANT:

Signature

Karl Ramirez

Please print or type name

Date

3-14-13

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