



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)

Green Homey Historic District

ADDRESS OF PROPERTY:

4463 N. 26th, Milwaukee WI

2. NAME AND ADDRESS OF OWNER:

Name(s): Andrea Baeton

Address: 4463 N. 26th

City: Milwaukee

State: WI

ZIP: 53209

Email: N/A

Telephone number (area code & number) Daytime: 414-405-2390 Evening: Same

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

Name(s): Accent Construction & Remodeling LLC

Address: 8440 W. Paul Avenue

City: Milwaukee

State: WI

ZIP Code: 53225

Email: Josh@accent24hr.com

SUSAN@ACCENT24HR.COM

Telephone number (area code & number) Daytime: 262-293-2646 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 windows

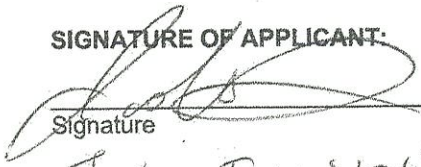
per call to Susan Barnes @ Accent:

replace roof also - will do 3 T&B in red or green

2/14/16

ch

6. SIGNATURE OF APPLICANT:


Signature
Joshua Trautwitz
Please print or type name


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

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

SUBMIT

6/22/12



Accent Construction and Remodeling LLC

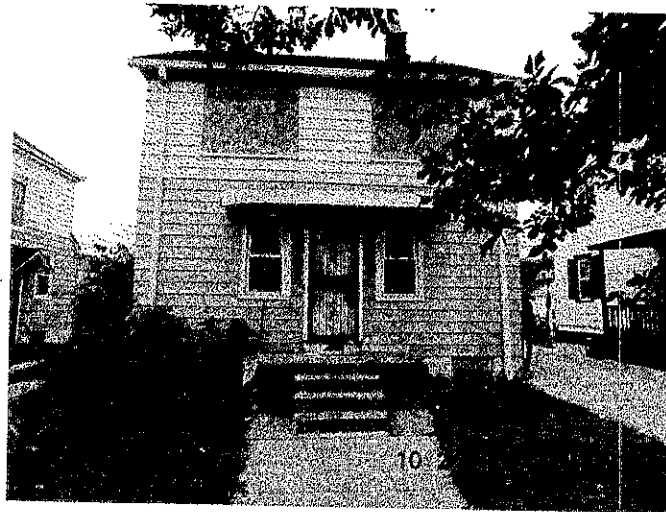
Fire, Water & Wind Restorator • 24 Hour Emergency Services

8440 West Kaul, Milwaukee, WI 53225

Office: 262-293-2646 • Fax: 262-293-2658 • accent24hr.com

4463 N 26th St, Milwaukee, WI 53209





CONFIDENTIAL

To:

From: Dean Rossey Jr
Accent Construction and Re
W139N5440 Oak Lane
Menomonee Falls
WI 53051

Phone:

Phone: +1 (414) 331-9854

Fax Phone: +1 (414) 286-3004

Fax Phone: (262) 293-2658

Date: 01/15/2016

Pages including cover sheet: 5

Note:

Good Morning,

Please find attached the signed document for Certificate of Appropriateness Application Form for replacement of windows at 4463 N 26th St, Milwaukee, WI 53209. Also attached are pictures of the damaged windows at the property address.

Thank you,

Susan Bates
Accent Construction & Remodeling, LLC
8440 W Kaul Ave
Milwaukee, WI 53225
262-293-2646
Fax 262-293-2658