



## 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)**

North Point North Historic District

**ADDRESS OF PROPERTY:**

2616 N. Lake Drive

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

Name(s): Alexander Kempe

Address: 2616 N. Lake Drive

City: Milwaukee

State: WI

ZIP 53211

Email:

Telephone number (area code & number) Daytime: 414-967-1589

Evening:

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

Name(s): same

Address:

City:

State:

ZIP Code:

Email:

Telephone number (area code & number) Daytime:

Evening:

4. **ATTACHMENTS**

**A. REQUIRED FOR ALL PROJECTS:**

Photographs of affected areas & all sides of the building (annotated photos recommended)

Sketches and Elevation Drawings (1 full size and 2 reduced to 11" x 17" or 8 1/2" x 11")

Material and Design Specifications (see next page)

**B. NEW CONSTRUCTION/DEMOLITION ALSO REQUIRES:**

Floor Plans (1 full size and 1 reduced to 11" x 17")

Site Plan showing location of project and adjoining structures and fences

Other (explain):

**PLEASE NOTE: YOUR APPLICATION CANNOT BE PROCESSED UNLESS BOTH PAGES OF THIS FORM ARE PROPERLY COMPLETED.**

5. DESCRIPTION OF PROJECT:

Describe all existing features that will be affected by proposed work. Please specify the condition of materials, design, and dimensions of each feature (additional pages may be attached)

[Empty box for describing existing features]

Photo No. \_\_\_\_\_ Drawing No. \_\_\_\_\_

B. Describe all proposed work, materials, design, dimensions and construction technique to be employed (additional pages may be attached)

Tear off existing shingles. Install new architectural shingles, Timberline brand, in a mid-tone color. Install new membrane material on flat roof as needed. No other existing features will be altered or removed. Existing gutters to remain.

SLATE  
COLOR  
O.K.  
P.D.

Photo No. \_\_\_\_\_ Drawing No. \_\_\_\_\_

6. SIGNATURE OF APPLICANT:

*Louise Kempe*  
Signature

Louise Kempe 6/3/2011  
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

PHONE: (414) 286-5722

FAX: (414) 286-3004

www.milwaukee.gov/hpc