



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)

George J Schuster Mansion

ADDRESS OF PROPERTY:

3209 W Wells Street

2. NAME AND ADDRESS OF OWNER:

Name(s): Rick and Laura Sue Mosier

Address: 3209 W Wells Street

City: Milwaukee

State: WI

ZIP 53208

Email: welcome@schustermansion.com

Telephone number (area code & number) Daytime: 414-342-3210

Evening: 414-342-3210

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

Name(s): Custom Restoration, Inc

Address: N 69 W25055 Indiangrass Lane Suite K

City: Sussex

State: WI

ZIP Code: 53089

Email: scott@totalmasonryrepair.com

Telephone number (area code & number) Daytime: 262-820-3030 Evening:

4. ATTACHMENTS

A. REQUIRED FOR ALL PROJECTS:

- 4 Photographs of affected areas & all sides of the building (annotated photos recommended)
- 1 Sketches and Elevation Drawings (1 full size and 2 reduced to 11" x 17" or 8 1/2" x 11")
- 1 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)

reconstruction of existing main chimney which extends out through the flat roof on the top of the house.
replacement of flat roof on the top of the house.

the chimney will be rebuilt using the same materials that currently make up the chimney. mortar is loose and there is concern that without rebuilding the chimney the new flat roof could leak.

the flat roof has been repaired and patched to the point it cannot be patched any more and now needs complete replacement with a one piece rubber roof.

Photo No.

Drawing No.

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

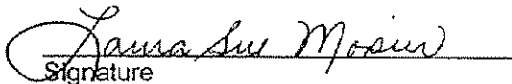
Removal of existing flat roof, replace the underlayment, insulate and install new rubber roof

dismantel the existing chimney, approximately 54"n X 54" X 18" clean away old mortar and rebuild using the same bricks and terra cotta stones.

Photo No.

Drawing No.

6. SIGNATURE OF APPLICANT:


Signature

Laura Sue Mosier
Print or type name

Date Aug 30, 2011

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