



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)

Greater Utopian Pentecostal Church

ADDRESS OF PROPERTY:

2925 W State St Milwaukee, WI 53208

2. NAME AND ADDRESS OF OWNER:

Name(s): Greater Utopian Pentecostal Church

Address: 2925 W State Street

City: Milwaukee

State: WI

ZIP: 53208

Email: craigsbarnett@gmail.com

Telephone number (area code & number) Daytime: (414) 526-3585 Evening: (414) 526-3585

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

Name(s): Kingdom Contracting

DC-061900618

HICN # 0202859

Address: 3826 N Willis Place

City: Milwaukee

State: WI

ZIP Code: 53222

Email: kim.wilson@kingdomext.com

Telephone number (area code & number) Daytime: 262-977-7733

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

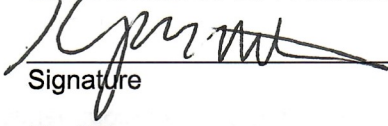
PLEASE NOTE: YOUR APPLICATION CANNOT BE PROCESSED UNLESS BOTH PAGES OF THIS FORM ARE PROPERLY COMPLETED AND SIGNED.

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.

repair of existing windows lintels on front (2), front left and right elevations to color match as close as possible.
Repair 4 adjacent flat roof sections
Chimney Flashing Replacement and tuckpoint of chimney brick to color match as close as possible

6. SIGNATURE OF APPLICANT:


Signature

Kim Wilson
Please print or type name

6/13/2022
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

www.milwaukee.gov/hpc

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

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