



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)

Cold Spring Park Historic District

ADDRESS OF PROPERTY:

3314 W. McKirley Blvd.

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

Name(s): W.J. Sherard

Address: 2233 W. Capitol Drive

City: Milwaukee

State: WI

ZIP 53206

Email: _____

Telephone number (area code & number) Daytime: 414-444-5858

Evening: _____

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

Name(s): Billy Cannon

Address: 4731 W. Nash St.

City: Milwaukee

State: WI

ZIP Code: 53216

Email: _____

Telephone number (area code & number) Daytime: 414-233-3034

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 rectangular 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)

Remove existing porch deck, columns and railings. Rebuild new porch deck, handrails, guardrails, posts and skirting.
[Empty rectangular box for describing proposed work]

Photo No. _____ Drawing No. _____

6. SIGNATURE OF APPLICANT:


Signature

Billy Cannon 6/16/2011
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