



# 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)

Sherman Park

ADDRESS OF PROPERTY:

3129-31 N Sherman Blvd

2. NAME AND ADDRESS OF OWNER:

Name(s): Ms. Annette Dixon

Address: 3129 N Sherman Blvd / P.O. Box 142

City: Milwaukee State: WI ZIP: 53201

Email: N/A

Telephone number (area code & number) Daytime: 414-530-7689 Evening: \_\_\_\_\_

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

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone number (area code & number) Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

*Rec'd e HPC  
4/15/15*

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.

Remove old gutters  
 Replace up to 20' rotted wood fascia  
 Repair rotted wood above garage door  
 Install mastic 5" gutters with 2 downspouts  
 Install gutter apron as needed

Repair cove near side of porch  
 Cove moulding and some wood  
 reattach flashing

6. SIGNATURE OF APPLICANT:

*Ms. Annette Dixon*  
Signature

Ms. Annette Dixon  
Please print or type name

April 14, 2015  
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

*I will pickup Certificate of Appropriateness. Thank you*  
[www.milwaukee.gov/hpc](http://www.milwaukee.gov/hpc)

SUBMIT

Sales Rep

Bob McMerow  
Cell 414-788-9134



Start Date 12 wks

Completion Date 12-14u

DATE: \_\_\_\_\_, 20\_\_\_\_

Home Built 1930's

563 W13131 Janesville Rd. • Muskego, WI 53150 • (414) 529-5509

I (we) hereby contract with Callen Construction, Inc. a Wisconsin corporation, the following work and authorize Callen Construction, Inc. to furnish all necessary materials, labor, and workmanship, to install, construct and place the improvements according to the following specifications, terms and conditions, on the premises below described.

Owner's Name Annette Dixon E-mail \_\_\_\_\_

Phone No. 414-445-3129 Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address 3129 N. Sherman Blvd. City Milwaukee Zip 53216

Job Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

DESCRIPTION OF PRODUCTS OR SERVICES TO BE FURNISHED:

Remove old gutters \$1681

Replace up to 20' rotted wood fascia

Repair rotted wood above garage door less 10% -168

Install Mastic 5" gutters + 2 downspouts

Install gutter apron as needed \$1513

Repair Cove near side of porch

Cove moulding + some wood + \$250

reattach Siding

Mastic warranty

Callen lifetime workmanship warranty

PAYMENT SCHEDULE:

20% Down \_\_\_\_\_ At Start \_\_\_\_\_ At 50% Completion \_\_\_\_\_ At Substantial Completion

<b>TERMS OF SALE:</b> <input type="checkbox"/> C.O.D. <input type="checkbox"/> Financing		
1. Sales Amount		
2. Down Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MC/Visa		
3. Unpaid Balance of Cash Price		

**OTHER INFORMATION:**  
 Callen Construction, Inc. has liability insurance (certificate furnished upon request).  
 Callen Construction, Inc. will clean up and haul away debris.  
 Callen Construction, Inc. will furnish lien waivers on all installations upon request.