



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)

Waters North Point

ADDRESS OF PROPERTY:

2121 N. Seneca Ave

2. NAME AND ADDRESS OF OWNER:

Name(s): JAMES RAPPE

Address: 2121 N. Seneca Ave

City: MILWAUKEE State: WIS ZIP 53202

Email: JIM.RAPPE@GMAIL.COM

Telephone number (area code & number) Daytime: _____ Evening: 4146176185

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

Name(s): JAMES OLLROGGE

Address: 2277 N. LAKE DR

City: MILWAUKEE State: WIS ZIP Code: _____

Email: JOLROGGE@FIRSTWEBER.COM

Telephone number (area code & number) Daytime: 4146176185 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)

add Bay Window to west elevation of Residence. Drawing attached.

Photo No. _____ Drawing No. _____

6. SIGNATURE OF APPLICANT:

James Ollrogge
Signature

JAMES OLLROGGE 4/28/12
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