



# 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)

**ADDRESS OF PROPERTY:**

3252 N. Lake Drive

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

Name(s): Rick & Maggie Barrett

Address: 3252 N. Lake Drive

City: Milwaukee

State: WI

ZIP: 53211

Email: rbarrett@themoderne.net

Telephone number (area code & number) Daytime: 414-220-4726

Evening: 414-507-5657

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

Name(s): Tim Benkowski, timothyj kitchen & bath, inc.

Address: 225 S. 2nd Street

City: Milwaukee

State: WI

ZIP Code: 53204

Email: tim@timothyjkitchenandbath.com

Telephone number (area code & number) Daytime: 414-224-8552

Evening: 262-894-4164

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.  
*See attached specifications.*

**6. SIGNATURE OF APPLICANT:**

*Tim Benkowski*

\_\_\_\_\_  
Signature

Tim Benkowski

6/5/17

Please 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 53202

**PHONE: (414) 286-5722**

**FAX: (414) 286-3004**

[www.milwaukee.gov/hpc](http://www.milwaukee.gov/hpc)

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

**SUBMIT**