



**CERTIFICATE OF APPROPRIATENESS APPLICATION FORM**  
Incomplete applications will not be processed for Commission review.  
Please print legibly.

*Rec'd @ HPC  
1/8/12  
CW*

1. **HISTORIC NAME OF PROPERTY OR HISTORIC DISTRICT:** (if known)

**ADDRESS OF PROPERTY:**  
103 W. Lloyd

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

Name(s): Benjamin R. Clark

Address: 2426 N. 1st

City: Milwaukee

State: WI.

ZIP: 53212

Email: b2cla@aol.com

Telephone number (area code & number) Daytime: 414-264-4548

Evening: 414.349-7583

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

Name(s): Benjamin R. Clark

Address: 2426 N. 1st

City: Milwaukee

State: WI.

ZIP Code: 53212

Email: b2cla@aol.com

Telephone number (area code & number) Daytime: 414.264.4548

Evening: 414.349.7583

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.

The exterior of the buildings will have the siding repaired and the new addition will have new siding. All windows will be replaced in their existing openings except the new windows their position are not final.

The existing roof will be repaired and the new roof will match the old one there is a rendering in another email. To Dean who is at your office.

All exterior trim and siding will be matched.

6. SIGNATURE OF APPLICANT:

  
Signature

Benjamin R. Clark  
Please print of type name

1/1/16  
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**