



# 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)  
2549 N. Lake Dr North Point North

ADDRESS OF PROPERTY:  
2549 N. Lake Dr.

2. NAME AND ADDRESS OF OWNER:  
Name(s): Daniel Katz  
Address: 614 W. Brown Deer Rd  
City: Milwaukee State: WI ZIP: 53217  
Email: James@katzprop.com  
Telephone number (area code & number) Daytime: 414-628-8001 Evening: Same

3. APPLICANT, AGENT OR CONTRACTOR: (if different from owner)  
Name(s): James Justinger  
Address: 614 W. Brown Deer Rd  
City: Bayside State: WI ZIP Code: 53217  
Email: James@katzprop.com  
Telephone number (area code & number) Daytime: 414-628-8001 Evening: Same

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.

Replace steel channel on 3<sup>rd</sup> +  
4<sup>th</sup> floor of building.

**6. SIGNATURE OF APPLICANT:**



Signature

James Justinger

Please print or type name

10/7/15

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.

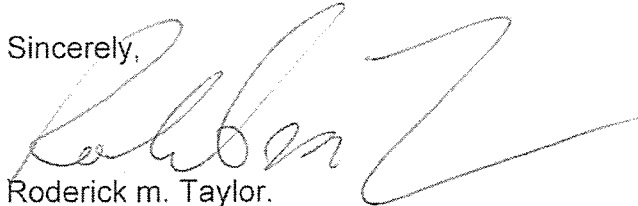
**SUBMIT**

Recommended repair work

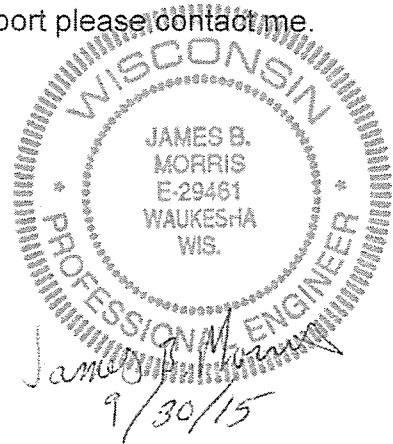
None required at this time

If you have any questions or would like to discuss this report please contact me.

Sincerely,



Roderick m. Taylor.  
Jendusa Design & Engineering, Inc.



Attachments: Photos

