

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

	DRESS OF PROPERTY: 3 N Lake Dr		
NAI	ME AND ADDRESS OF OWNER:		
Nan	ne(s): Madison & Murphy McFadden		
Add	ress: 2633 N Lake Dr		
City	Milwaukee	State: WI	ZIP: 53211
Ema	ail: madisonmcfadden@gmail.com		
Tele	phone number (area code & numl	ber) Daytime: 262-227-1014	Evening: SAME
APP	LICANT, AGENT OR CONTRAC	TOR: (if different from owr	ner)
	ne(s): Wendy Renz, Renz Construction		,
Auul	ess: N5903 Mill Rd		
	ess: No903 MIII Hd Sullivan	State: WI	710 0 1 52170
City:	Sullivan	State: WI	ZIP Code: 53178
City: Ema	Sullivan il: wendy@renzconstruction.com		
City: Ema	Sullivan		
City: Ema Telep	Sullivan il: wendy@renzconstruction.com	per) Daytime: 262-490-0484	Evening: SAME
City: Ema Telep ATTA at 41	Sullivan il: wendy@renzconstruction.com phone number (area code & numb ACHMENTS: (Because projects of	per) Daytime: ²⁶²⁻⁴⁹⁰⁻⁰⁴⁸⁴ can vary in size and scope, nents)	Evening: SAME
City: Ema Telep ATTA at 41	Sullivan il: wendy@renzconstruction.com phone number (area code & numb ACHMENTS: (Because projects of 4-286-5712 for submittal requirem REQUIRED FOR MAJOR PRO	can vary in size and scope, nents) OJECTS:	Evening: SAME please call the HPC Office
City: Ema Telep	Sullivan il: wendy@renzconstruction.com phone number (area code & numb ACHMENTS: (Because projects of 4-286-5712 for submittal requirem REQUIRED FOR MAJOR PRO	can vary in size and scope, nents) OJECTS: & all sides of the building (Evening: SAME please call the HPC Office annotated photos recommended
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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 via email.

We are adding new living space to the alteady approved back patio area. It will serve as a master closet as we are adding a bathroom up there and turning it into a master suite

6. SIGNATURE OF APPLICANT:

Signature

New York Renz

Please print or type name

Date

This form and all supporting documentation MUST arrive by 4:00 pm (11:59 pm via email) 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.

Mail or Email Form to:

Historic Preservation Commission City Clerk's Office 841 N. Broadway, Rm. B1 Milwaukee, WI 53202

PHONE: (414) 286-5712 or 286-5722

hpc@milwaukee.gov

www.milwaukee.gov/hpc

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

SUBMIT