



## 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)

Uihlein Townhomes

ADDRESS OF PROPERTY:

3316 N. Lake Drive

2. NAME AND ADDRESS OF OWNER:

Name(s): Christopher & Emilee Walter

Address: 3316 N. Lake Drive

City: Milwaukee State: WI ZIP: 53211

Email: Sandyewalter@gmail.com

Telephone number (area code & number) Daytime: 414-559-3516 Evening: \_\_\_\_\_

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

Name(s): Lisbon Storm, Screen & Door → Jim Houghaling

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Email: rviv@live.com

Telephone number (area code & number) Daytime: 414-349-8794 Evening: \_\_\_\_\_

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 an aluminium window on 3rd floor with a "modern wood / clad exterior" that is highly recommended by Lisbon to properly seal.  
See explanation enclosed

6. SIGNATURE OF APPLICANT:

  
\_\_\_\_\_  
Signature

Christopher Walker  
Please print or type name

6-12-18  
\_\_\_\_\_  
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.

**Mail or Email Form to:**  
Historic Preservation Commission  
City Clerk's Office  
841 N. Broadway, Rm. B1  
Milwaukee, WI 53202

PHONE: (414) 286-5722                      hpc@milwaukee.gov                      www.milwaukee.gov/hpc

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

**SUBMIT**