



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)

Washington PARK

ADDRESS OF PROPERTY:

2662 N. GRANT BLVD

2. NAME AND ADDRESS OF OWNER:

Name(s): Kavodas and Armande McRath

Address: 2662 N. GRANT BLVD

City: Milwaukee

State: WI

ZIP: 53210

Email: wiggyandmallory@gmail.com

Telephone number (area code & number) Daytime: (414) 708-0140 Evening: (414) 708-0140

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

Name(s):

Address:

SAME

City:

State:

ZIP Code:

Email:

Telephone number (area code & number) Daytime:

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 via email.

Right Side (See attached photo)

- Rebuild using existing (salvaged) brick
- Reinstall existing capstone

Left side

- Grind and tuck point ^{cracks} as needed
- Replace cracked and spalling brick, as needed
- Grind ~~out~~ ^{out} loose mortar and replace missing mortar, to 3/4" min, as needed
- Reinstall existing capstone

6. SIGNATURE OF APPLICANT:

Kayodas McRath
Signature

KAYODAS McRath
Please print or type name

00-26-19
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



RIGAT
SIDE

Right
Side