



# 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)

ADDRESS OF PROPERTY:

2236 N. Terrace Ave

2. NAME AND ADDRESS OF OWNER:

Name(s): Yvonne Huetiger, Cris Slawinski

Address: 1934 S. PRAIRIE AVE UNIT # 3

City: Chicago State: IL ZIP: 60616

Email: ottostrack1892@gmail.com

Telephone number (area code & number) Daytime: 312-933-2354 Evening: Same

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

Name(s): Luis Ceballos STS Roofing

Address: South 73, west 14270 Woods Rd

City: Muskego State: IL ZIP Code: 53150

Email: lcebillos@wi.rr.com

Telephone number (area code & number) Daytime: Evening:

414-690-3888

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.

Multiple leaks on EAST Side of House  
 As a result, that portion of roof needs  
 to be repaired.  
 Per Roofer:

- Remove slate and underlayment to find leaks.
- found where leaks were occurring
- fixed leaks
- install new underlayment, put slate back on. A few pieces of new slate were used (or rather will be used)
- gutter system repaired
- if have questions - contact roofer on phone number listed.

6. SIGNATURE OF APPLICANT:

*Yvonne Huetiger*  
 Signature

Yvonne Huetiger  
 Please print or type name

August 18 - 2017  
 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**

[hpc@milwaukee.gov](mailto:hpc@milwaukee.gov)

[www.milwaukee.gov/hpc](http://www.milwaukee.gov/hpc)

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

**SUBMIT**