



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)
North Grant Blvd. Historic District
- ADDRESS OF PROPERTY:
2424 N Grant Blvd.
2. NAME AND ADDRESS OF OWNER:
- Name(s): K. Isabel Sternberg
- Address: 2424 N Grant Blvd.
- City: Milwaukee State: WI ZIP: 53210
- Email: isabelleberg2017@gmail.com
- Telephone number (area code & number) Daytime: 505 795-9085 Evening: 505 795-9085

3. APPLICANT, AGENT OR CONTRACTOR: (if different from owner)
- Name(s): _____
- Address: _____
- City: _____ State: _____ ZIP Code: _____
- Email: _____
- Telephone number (area code & number) Daytime: _____ Evening: _____

ATTACHMENTS: (Because projects can vary in size and scope, please call the HPC Office at 414-286-5712 or 414-286-5722 for submittal requirements)

A. REQUIRED FOR MAJOR PROJECTS:

- _____ Digital photographs of affected areas & all sides of the building
- _____ Sketches and Elevation Drawings in PDF form. New construction, major storefront remodels, etc., must provide one set of D or E size drawings and sections
- _____ Material and Design Specifications (please attach)

B. NEW CONSTRUCTION ALSO REQUIRES:

- _____ Floor Plans (show fenestration and approximate wall locations, final floor plans are not required)
- _____ 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.**

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.

To respond to a Dept. of Neighborhood Services Inspection Report And Order to Correct Condition regarding the exterior fence at 2424 N Grant Blvd. I would like to apply for a certificate of repose.

I purchased the property in 2023 with the current fencing in place. A neighbor thinks the fence dates to the owner prior to the previous one. It is in good condition. There are other issues with the property that require more urgent attention. My fixed income doesn't allow me to address everything at once.

Thank you for your consideration.

6. SIGNATURE OF APPLICANT (owner signature required for demolition):

Signature

Isabel Sternberg

Please print or type name

Date

5/6/2025

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. Staff will assist you.

Email Form to: hpc@milwaukee.gov

Historic Preservation Commission
841 N. Broadway, Rm. B1
Milwaukee, WI 53202

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

www.milwaukee.gov/hpc

Or click the SUBMIT button to automatically email this form, if using an app such as Outlook or Apple Mail. The submit button does not work with web-based email interfaces.

SUBMIT