



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)

Pauline T. Larkin House

ADDRESS OF PROPERTY:

2450 N. Sherman Blvd.

2. NAME AND ADDRESS OF OWNER:

Name(s): CORINE (KITTY) WILSON

Address: 2450 N. Sherman Blvd.

City: Milwaukee State: WI. ZIP: 53210

Email: _____

Telephone number (area code & number) Daytime: ⁴¹⁴ 416-3882 Evening: (same)

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

Name(s): 1800 RITE ROOF - KAPPL CONSTRUCTION (RUSA)

Address: 4453 ACRE VIEW COURT

City: BROOKFIELD State: WI ZIP Code: 53005

Email: RUSA@1800RITEROOF.COM

Telephone number (area code & number) Daytime: 414.030.4121 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.

REMOVE EXISTING ASPHALT SHINGLES AND CERAMIC SHINGLE ROOFING. INSTALL NEW 7/16" OSB SHEATHING. INSTALL NEW GAF TIMBERLINE NATURAL SHADOW SHINGLES (COLOR-CORREAL) INSTALL NEW 5 INCH GUTTERS AND 4 INCH DOWNSPOUTS. APPROXIMATELY 25 SQUARE OF SHINGLES

6. SIGNATURE OF APPLICANT:

[Handwritten Signature]

Signature

Yusuf Clark
Please print or type name

11/30/2022
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

CARLEN HATAKA

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