



# 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 Point North Historic District

**ADDRESS OF PROPERTY:**

2433 N Wahl Ave

**2. NAME AND ADDRESS OF OWNER:**

Name(s): David and Joan Kuehl

Address: 2433 N Wahl Ave

City: Milwaukee

State: WI

ZIP: 53211

Email: dckuehl@gmail.com

Telephone number (area code & number) Daytime: 414 793 7155

Evening: 414 793 7155

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

Name(s):

Address:

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:**

attached 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")

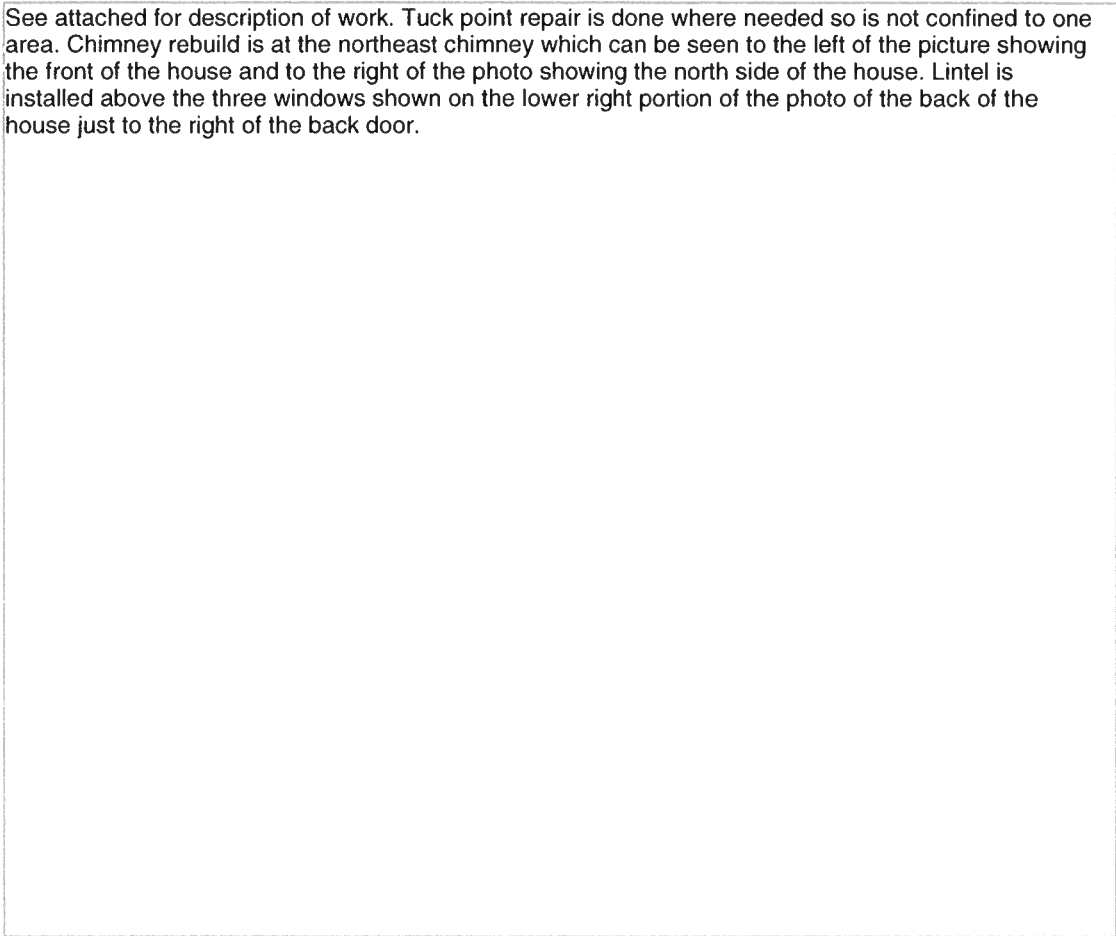
Site Plan showing location of project and adjoining structures and fences

**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.

See attached for description of work. Tuck point repair is done where needed so is not confined to one area. Chimney rebuild is at the northeast chimney which can be seen to the left of the picture showing the front of the house and to the right of the photo showing the north side of the house. Lintel is installed above the three windows shown on the lower right portion of the photo of the back of the house just to the right of the back door.



**6. SIGNATURE OF APPLICANT:**

   
Signature

David Kuehl  
Please print or type name

  
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](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**