



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)
Cold Spring Park

ADDRESS OF PROPERTY:
2811 W. McKinley Blvd.

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

Name(s): Helen Robertson

Address: 2811 W. McKinley Blvd.

City: Milwaukee

State: WI

ZIP: 53208

Email: rosen05@gmail.com

Telephone number (area code & number) Daytime: 414.975.6563

Evening: Same

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

Name(s): Mike Rosen

Address: 3467 N. Murray Avenue

City: Milwaukee

State: WI

ZIP Code: 53211

Email: rosenmatc@gmail.com

Telephone number (area code & number) Daytime: 414.467.8908

Evening: Same

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.

Replace old backyard fence with similar 6' x 8' treated lumber shadowbox fencing to enclose entire backyard. Approximately 180 L.F. of fencing will be installed with two gates to replace existing gates at entrance to backyard and to alley. Approximately 24 L.F. of fencing between east side yards will have 50% open construction with a lattice fence topper per code.

6. SIGNATURE OF APPLICANT:


Signature

Mike Rosen + Helen Robertson
Please print or type name

Date

2/11/13

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

FAX: (414) 286-3004

www.milwaukee.gov/hpc