



## 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:**

2589 N LAKE DRIVE

2. NAME AND ADDRESS OF OWNER:

Name(s): JEFF LOSS & DAWN MCCARTHY

Address: 2589 N LAKE DRIVE

City: MILWAUKEE

State: WI

ZIP: 53211

Email: DAWNHMCC@GMAIL.COM

Telephone number (area code & number) Daytime: 414-520-5191

Evening:

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

Name(s): BRILLO HOME RENOVATORS

Address: 5315 N LOVERS LANE ROAD

City: MILWAUKEE

State: WI

ZIP Code: 53225

Email: ADERNETZ@BRILLOHOMERENOVATORS.COM

Telephone number (area code & number) Daytime: 414-442-2230

Evening:

4. 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

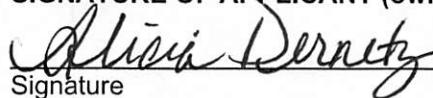
**PLEASE NOTE: YOUR APPLICATION CANNOT BE PROCESSED UNLESS BOTH PAGES OF THIS FORM ARE PROPERLY COMPLETED.**

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.

Addition of a black metal broan roof cap to accomidate the new bathroom vent fan. Dimensions and scematic attached. Chimney flashing will be assessed and possibly replaced with identical material as seen in the attached pictures

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



Signature

Alicia Dernetz

Please print or type name

12.08.2025

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.

Email Form to: [hpc@milwaukee.gov](mailto: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](http://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**