



# 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)

MS Susan Ellman

ADDRESS OF PROPERTY:

1879 North Cambridge

2. NAME AND ADDRESS OF OWNER:

Name(s): Susan Ellman

Address: 1879 N Cambridge

City: Milwaukee State: WI ZIP: 53202

Email: ~~scullman@smaller~~

Telephone number (area code & number) Daytime: 559-2474 Evening: /

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

Name(s): Cream City Masonry

Address: 5128 SO 82nd Street

City: Grandale State: WI ZIP Code: 53129

Email: creamcitymasonry@yahoo.com

Telephone number (area code & number) Daytime: 414 915-9440 Evening: 8 am

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.

General re-pointing  
 Center-cut Method for mortar  
 removal  
 Type O for pointing

6. SIGNATURE OF APPLICANT:

Paul Muscisi  
Signature

PAUL MUSCISI  
Please print or type name

3/8/19  
Date

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.

**Mail or Email Form to:**  
Historic Preservation Commission  
City Clerk's Office  
841 N. Broadway, Rm. B1  
Milwaukee, WI 53202

PHONE: (414) 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**