



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:

2626 N. Terrace Avenue

2. NAME AND ADDRESS OF OWNER:

Name(s): David Haas, Dana Stevens

Address: 2626 N. Terrace Avenue

City: Milwaukee

State: Wi

ZIP: 53211

Email: david.haas@ieeee.org

Telephone number (area code & number) Daytime: (908) 917-0310

Evening: (908) 917-0310

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

Name(s): Quality Fireplace & Chimney

Address: ~~2626 N Terrace Ave~~ 407 N Grand Ave

City: Waukesha

State: WI

ZIP Code: 53186

Email: Mike@qualityfireplaceinc.com

Telephone number (area code & number) Daytime: 262-549-1724

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.

Section from the purchase Inspection report showing chimneys to have the arrestors placed on them.

South Chimney

13. Chimney: Brick

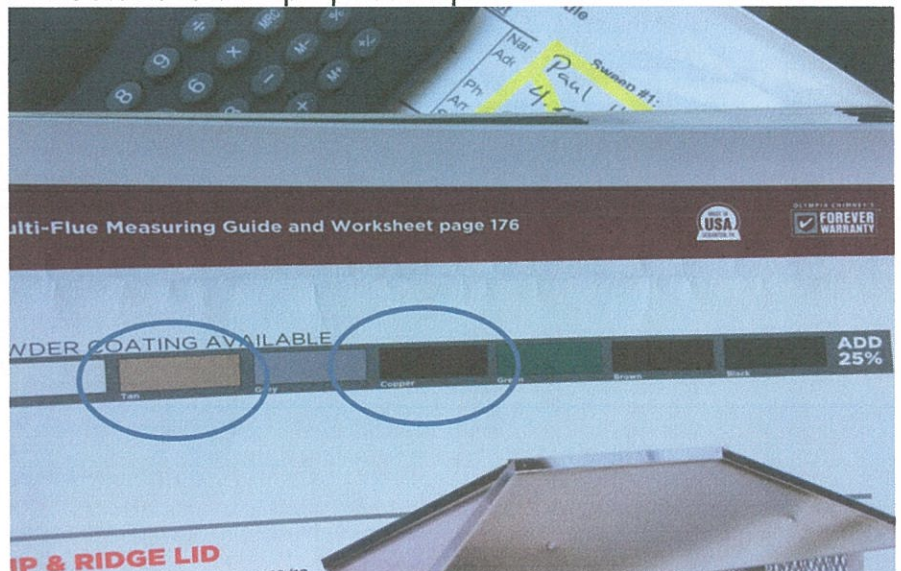
14. Flue/Flue Cap: Concrete - **Wood burning chimney caps may need a spark arrestor in the local municipality. There is no spark arrestor present. See flue comments for basement fireplace.**



Some of the Spark Arrestors visible on our block.



Color chart for proposed Spark Arrestor



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.

The inspection report for our house purchase (February 2016) indicated that the chimneys should have spark arrestors to bring them up to Milwaukee fire prevention code (214-9 section 4). We are asking for permission to install spark arrestors on these two flues (in the same stack). Typical spark arrestors are metal cages attached to the outside top of the flue. A copy of the section of the home inspection report and pictures of some spark arrestors that are visible on our block are attached on a separate page. All of the spark arrestors that I saw in our neighborhood are of the stainless steel variety. It is our intent to get ours powder coated either in the tan or copper color to best match our clay-looking chimney flue. A copy of the color chart provided by the company that will do the installation is also on the attached separate page.

6. SIGNATURE OF APPLICANT:



Signature

David R. Haas

Please print or type name

10/15/2016

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.

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

Or click the **SUBMIT** button to automatically email this form for submission.

SUBMIT



Quality Fireplace & Chimney Service

407 N. Grand Ave. • Waukesha, WI 53186
 www.QualityFireplaceInc.com
 (262) 549-1724
 Mike@QualityFireplaceInc.com

Contractor who will perform work

INSPECTION REPORT

CLIENT NAME Dana Stevens
 ADDRESS 2626 Terrace Ave
 CITY Milwaukee STATE WI ZIP 53211
 PHONE 908-313-6313 EMAIL _____

EXISTING CHIMNEY DESCRIPTION / INFORMATION

CHIMNEY MASS TYPE Masonry Prefab Wood Surround Other _____

OUTSIDE CHIMNEY DIMENSION _____ " X _____ " CHIMNEY HEIGHT (FT) 35'

LINER TYPE Stainless Steel Tile Un-Lined Other _____

of FLUES 2 FLUE SIZES #1 _____ " X _____ " #2 _____ " X _____ " #3 _____ " X _____ "

FIREPLACE TYPE Masonry Prefab Steel Modular Other _____

of FIREPLACES 2

APPLIANCES ATTACHED Free-Standing Stove Insert Furnace W.H. Other _____

FUEL TYPE USED Wood Oil Coal Gas Pellet Other _____

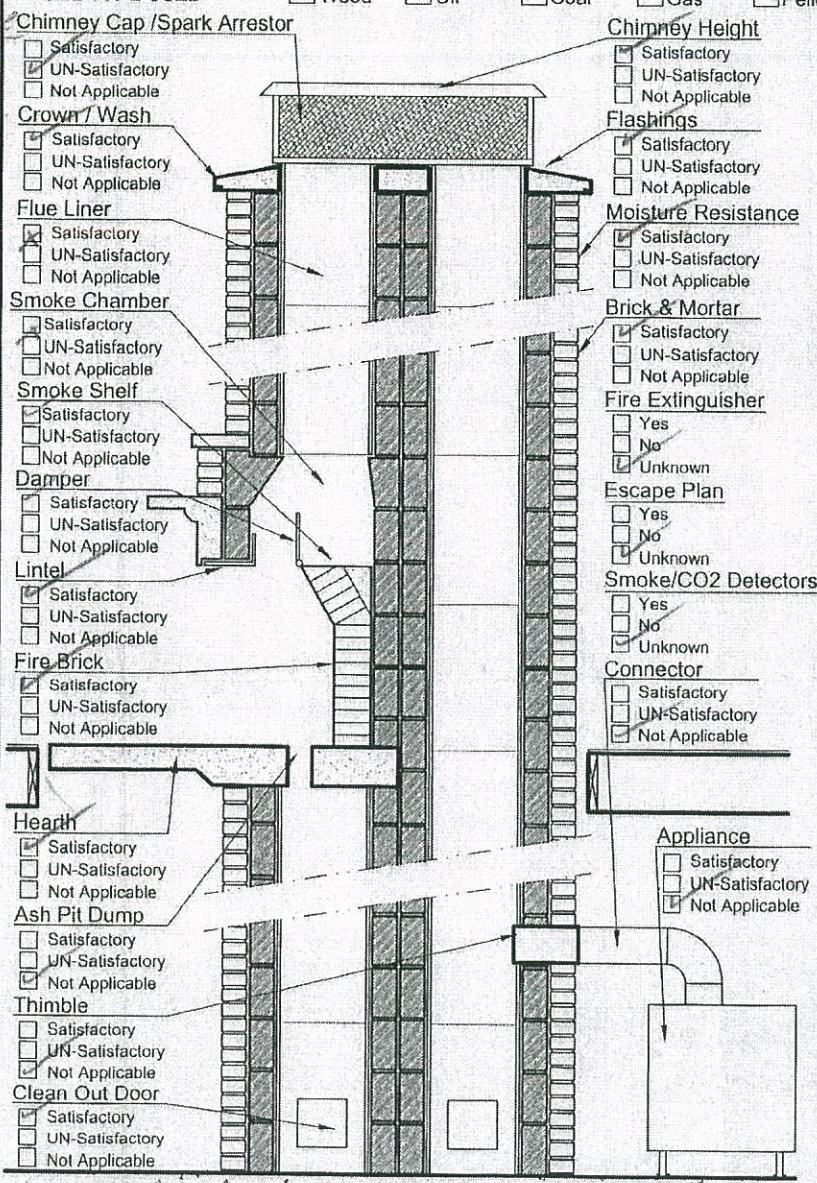
ANNUAL INSPECTION

The Nation Fire Protection Association (NFPA) recommends that an annual inspection of all Chimneys, Vents, & Fireplaces to be performed. Your next inspection is scheduled for :

Date: _____

Provider Signature: _____

Downstairs fireplace no caps present



COMMENTS

No chimney caps spark arrestor, animal/pain guard present on flues. Elm flue in basement flue exhibited spalling. Some gapping between flue lips in mortar joints were noted. A strong downdraft on downstairs fireplace was present.

INVOICE / RECEIPT

Item Description:	Price:
1: <i>1/2 inspection w/ video</i>	<i>195</i>
2:	
3:	
4:	
Sub-Total: _____	
Sales Tax: _____	
TOTAL: <i>\$195.00</i>	

Date: 1/6/16

Payment Received: Payment to be Billed:

CHIMNEY CONDITION VERIFICATION

The service provider has explained to me (Client) the apparent current condition of the chimney system. Area(s) of concern have been noted on the diagram and discussed with me. Recommended solution(s) have also been discussed with me and I understand them fully. I understand this inspection was a visual inspection and the service provider can not be held responsible for hidden faults & defects that are out of the service providers control. I understand no warranty or guarantee of safety is given or implied of any appliance or venting system.

Client Signature: _____ Date: _____