

**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 SOUTH HISTORIC DISTRICT

ADDRESS OF PROPERTY:

2107 E. KENILWORTH PL., MILWAUKEE, WI 53202

2. NAME AND ADDRESS OF OWNER:

Name(s): REDENTOR GALANG / GLORIA GALANG

Address: 2107 E. KENILWORTH PLACE

City: MILWAUKEE State: WI ZIP: 53202

Email: ecalge52@gmail.com

Telephone number (area code & number) Daytime: 217-836-0870 Evening: 217-836-0870

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 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.

- 1) Rebuild the 2 chimneys on the house from the roof line up. Cream city bricks will be used to replace the painted bricks. Mortar will be the same as the old mortar used.
- 2) Current flashing to remain and be used again. Re caulk existing flashing after rebuilding
- 3) Removal of chimney crowns and any damaged flue tiles. Up to 2 tiles each section.
- 4) Pour new concrete crowns for both chimneys.

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

Glory
Signature

GLORIA GALANG
Please print or type name

5/5/2025
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

Historic Preservation Commission
841 N. Broadway, Rm. B1
Milwaukee, WI 53202

PHONE: (414) 286-5712 or 286-5722

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