



CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.
Please print legibly.

*Per @ HPC
8/17/16*

1. HISTORIC NAME OF PROPERTY OR HISTORIC DISTRICT: (if known)

ADDRESS OF PROPERTY:

2210 N Lake Dr Milwaukee, WI 53202

2. NAME AND ADDRESS OF OWNER:

Name(s): Jagpal Waraich

Address: 2864 N Maryland Ave

City: Milwaukee

State: WI

ZIP: 53211

Email: j_waraich@hotmail.com

Telephone number (area code & number) Daytime: 262-496-2821

Evening:

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 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.

Effect stucco repairs using masonry mixes portland cement / lime apply as it was originally matching material compositions as closely as possible to original. Install metal / mesh armatures to support shell. Replace rotted wood matching dimensions good quality finish / exterior rated material.

Painting / Brick
 Remove unsound mortar to average depth of 1" (joints are $\frac{3}{8}$ " wide) repoint with a portland / lime mortar mix approximating Type N matching color and texture.

6. SIGNATURE OF APPLICANT:

Jagpal Singh Waraich
Signature

JAGPAL SINGH WARAICH
Please print or type name

8/16/2016
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.

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