



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)

BREWERS HILL

ADDRESS OF PROPERTY:

1923 N. 2ND STREET

2. NAME AND ADDRESS OF OWNER:

Name(s): MIDWEST COMMERCIAL FUNDING, LLC

Address: 1521 WAUKESHA ROAD

City: CALEDONIA State: WI ZIP: 53108

Email: robert.chandler@live.com

Telephone number (area code & number) Daytime: 414-731-1151 Evening: _____

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

Name(s): DAVID J. "KOZ" KOSCIELNIAK

Address: 12310 W. WATERFORD AVENUE

City: GREENFIELD State: WI ZIP Code: 53828

Email: koz@kozitecture.com

Telephone number (area code & number) Daytime: 414-303-8489 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. CD CONTAINS PLANS, ELEVATIONS AND ADDITIONAL PHOTOS.

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:

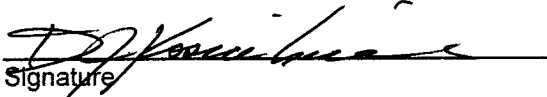
Tell us what you want to do. Describe all proposed work including materials, design, and dimensions. Additional pages may be attached.

SEE ATTACHED SCOPE OF WORK LETTER (WHICH IS ALSO ON THE CD).

SCOPE OF WORK INCLUDES FULL RESTORATION OF THE EXISTING HOUSE WITH CONSTRUCTION OF NEW ROOF DORMERS AT THE SECOND FLOOR TO ALLOW FOR 2 ADDITIONAL BEDROOMS AND A FULL BATHROOM TO TRANSFORM THE EXISTING 2 BEDROOM, 1 BATH HOME TO A 4-BEDROOM, 2 BATH HOME.

CONSIDERATION FOR A NEW DETACHED 2-CAR GARAGE ON THE ALLEY WILL BE A SEPARATE (FUTURE) SUBMITTAL.

6. SIGNATURE OF APPLICANT:


Signature

DAVID J. KOSCIELNIAK
Please print or type name

MAY 17, 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.

