CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

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

Milwaukee HISTORIC PRESERVATION COMMISSION — Living with History

1. HISTORIC NAME OF PROPERTY OR HISTORIC DISTRICT: (If known)
4356 N 26TH St, Milwaukee, WI 53209

ADDRESS OF PROPERTY:

2. NAME AND ADDRESS OF OWNER:

Name(s): NIMMY ESUOSO

Address: 400 N BROADWAY #501

City: MILWAUKEE State: WI ZIP 53202

Email: JYVO@AOL.COM

Telephone number (area code & number) Daytime: 414 324 8324 Evening: 612 9876153

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

Name(s): A R L HOME IMPROVEMENTS (PAUL LESZCZYNSKI)

Address: W. 315 S. 9145 Gena Dr.

City: MUKWONAGO State: WI ZIP Code: 53149

Email: PLESZCZ40@gmail.com

Telephone number (area code & number) Daytime: 414 429 5101 Evening:

4. ATTACHMENTS

A. REQUIRED FOR ALL PROJECTS:

_____ Photographs of affected areas & all sides of the building (annotated photos recommended)

_____ Sketches and Elevation Drawings (1 full size and 2 reduced to 11" x 17" or 8 ½" x 11")

_____ Material and Design Specifications (see next page)

B. NEW CONSTRUCTION/DEMOLITION ALSO REQUIRES:

_____ Floor Plans (1 full size and 1 reduced to 11" x 17")

_____ Site Plan showing location of project and adjoining structures and fences

_____ Other (explain):

PLEASE NOTE: ***YOUR APPLICATION CANNOT BE PROCESSED UNLESS BOTH PAGES OF THIS FORM ARE PROPERLY COMPLETED.***

5. **DESCRIPTION OF PROJECT:**

Describe all existing features that will be affected by proposed work. Please specify the condition of materials, design, and dimensions of each feature (additional pages may be attached)

- The exterior face of the window Sashes will have new Paint applied
- The exterior face of the windows will have window glazing applied as needed
- The exterior blind Stop will be covered with aluminum. (3/4" x 1/2")
- The interior window well will be covered with aluminum (3 1/4")
- Sashes will be unstrung, interior parting bead removed & Replaced with a vinyl Jamb liner 3 1/4" wide

Photo No. ..... Drawing No. .....

B. Describe all proposed work, materials, design, dimensions and construction technique to be employed (additional pages may be attached)

- Remove all Sashes, and Plane exterior face to bare Wood
- Paint exterior faces
- Cover window wells & exterior blind Stops with aluminum
- Reinstall Windows Sashes using vinyl Jamb Liners

Photo No. ..... Drawing No. .....

6. **SIGNATURE OF APPLICANT:**

Signature

Nimmy Susa 12/30/15

Print or type name 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

PHONE: (414) 286-5722 FAX: (414) 286-3004 www.milwaukee.gov/hpc