

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

l.	HISTORIC NAME OF PROPERTY OR HISTORIC DISTRICT: (if known)					
	ADDRESS OF PROI					
2.	NAME AND ADDRESS OF OWNER:					
	Name(s):Preston St John					
	Address: 2110 W Bran	ntwood Ave				
	City: Glendale	State: WI	ZIP: 53212			
	Email: preston@ksj-ve	entures.com				
	Telephone number (a	area code & number) Daytime: 414-731	-2176 Evening: 414-731-2176			
3.	APPLICANT, AGENT OR CONTRACTOR: (if different from owner)					
	Name(s): Jordan Steir	nberg				
	Address:					
	City:	State:	ZIP Code:			
	Email: jordan@blackb	Email: jordan@blackbearxteriors.com				
	Telephone number (a	area code & number) Daytime: 414-379	9-7141 Evening: 414-379-7141			
•	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: X Digital photographs of affected areas & all sides of the building					
	NA 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					
	X Material and Design Specifications (please attach)					
	B. NEW CONSTRUCTION ALSO REQUIRES:					
	NA Floor Plans (show fenestration and approximate wall locations, final floor plans are not required)					
	NA Site Plan showing location of project and adjoining structures and fences					
	PLEASE NOTE:		NOT BE PROCESSED UNLESS			

5. **DESCRIPTION OF PROJECT:**

Historic Preservation Commission

841 N. Broadway, Rm. B1 Milwaukee, WI 53202

and o	dimensions. Additional pages may b	pe attached via email.	
Remo	ove existing asphalt shingles from the e	entire house.	7/7/2/2004-04-04-04-04-04-04-04-04-04-04-04-04-
Remo	ove Box vents.		
Insta	Ill ice and water shield.		
Insta	ıll new Certainteed Landmark Regular s	hingles.	
Repla	ace existing ridgevent across entire ridg	ge.	
Main	tain existing gutters.		
Repla	ace existing metal valleys.		
Haul	away all materials.		
	E OF APPLICANT (owner signatur	re required for demolition):	
	n St John		
ŭ			
Preston St Jo	or type name	9.22.25 Date	
	• •	by 4:00 pm (11:59 pm via email) on the deadline	data astablisha
		ission Meeting. Any information not provided to si	
		ring their deliberation. Please call if you have any	
staff will assist you.	-	_	•
Email Form to:	hpc@milwaukee.gov		

Tell us what you want to do. Describe all proposed work including materials, design,

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.

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