



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)
2204 Ivanhoe Manor

ADDRESS OF PROPERTY:
2204 E Ivanhoe Place

2. NAME AND ADDRESS OF OWNER:

Name(s): Wellston Apartments

Address: 117 N Jefferson St 202

City: Milwaukee State: WI ZIP: 53202

Email: leon.joseph@sbcglobal.net

Telephone number (area code & number) Daytime: 414-271-5201 Evening: _____

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

Name(s): Holton Brothers Inc

Address: 1257 Terminal Road

City: Grafton State: WI ZIP Code: 53024

Email: tom@holtonbrothers.com

Telephone number (area code & number) Daytime: 262-377-7887 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.

Utilizing an 85' aerial lift, dismantle upper portion of chimney and rebuild.
100% grinding of mortar joints 3/4" deep and repoint with new color matching mortar.
Chimney to be rebuilt matching original design and contour.
Mortar to be used will be 6 parts sand, 1 part Portland and 1 part Lime.
Install chimney bonnet on top flues.
Clay tile flues to be replaced as needed.

6. SIGNATURE OF APPLICANT:

Thomas F. Holton
Signature

Thomas F. Holton
Please print or type name

9-17-18
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.

Mail or Email Form to:
Historic Preservation Commission
City Clerk's Office
841 N. Broadway, Rm. B1
Milwaukee, WI 53202

PHONE: (414) 286-5722

hpc@milwaukee.gov

www.milwaukee.gov/hpc

Or click the SUBMIT button to automatically email this form for submission.

SUBMIT