



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)

Sherman Boulevard

ADDRESS OF PROPERTY:

2864 N Sherman Blvd Milwaukee WI 53210

2. NAME AND ADDRESS OF OWNER:

Name(s): Amber Lasnay Walker

Address: 2864 N Sherman Blvd

City: Milwaukee State: WI ZIP: 53210

Email: Amberrocks2015@gmail.com

Telephone number (area code & number) Daytime: 414-702-1386 Evening: 414-702-1386

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 or 414-286-5722 for submittal requirements)

A. REQUIRED FOR MAJOR PROJECTS:

☒ Digital photographs of affected areas & all sides of the building

☒ 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

_____ Material and Design Specifications (please attach)

B. NEW CONSTRUCTION ALSO REQUIRES:

_____ Floor Plans (show fenestration and approximate wall locations, final floor plans are not required)

_____ 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.**

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 via email.

Change out both windows in
shower for ~~privacy~~ privacy. SO
NO one can walk into my
shower / bathroom will replace
both windows with glass BLOCK
Due to water / shower
Attached photos
2 windows are located in
Bathroom 0 window 36/37

6. SIGNATURE OF APPLICANT (owner signature required for demolition):


Signature

Amber Walker

Please print or type name

09/04/2025

Date

This form and all supporting documentation MUST arrive by 4:00 pm (11:59 pm via email) 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.

Email Form to: hpc@milwaukee.gov

Historic Preservation Commission
841 N. Broadway, Rm. B1
Milwaukee, WI 53202

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.

SUBMIT