



CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

106650

1. HISTORIC NAME OF PROPERTY OR HISTORIC DISTRICT: (if known)

SHERMAN BLVD

ADDRESS OF PROPERTY:

3117 N. SHERMAN BLVD

2. NAME AND ADDRESS OF OWNER:

Name(s): MELVIN GILLESPIE

Address: 3117 N. SHERMAN BLVD

City: MILW

State: WI

ZIP: _____

Email: _____

Telephone number (area code & number) Daytime: 871-5257 Evening: _____

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 for submittal requirements)

HOUSE BUILT 1952-

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.

THE GILLESPIES ARE REQUESTING TO REPLACE THEIR FRONT DOOR AS PART OF THE NIDC SECURING OUR SENIORS PROGRAM. THE PROGRAM IS PART OF INTERFAITH OLDER ADULT PROGRAMS IN COLLABORATION WITH THE DISTRICT SEVEN BLOCK WATCH COUNCIL EFFORT TO SAFEGUARD OLDER ADULTS LIVING IN STEARMAN PARK. WE'RE PROPOSING TO INSTALL DOORS & LOCKS THAT SAFEGUARD THE HOME-OWNERS.

6. SIGNATURE OF APPLICANT:

Melvin Patricia Gillespie

Signature

MELVIN Patricia GILLESPIE

Please print or type name

9.4.15

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.

SUBMIT







