



# 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)**

The Albert J. and Julia Lindemann House

**ADDRESS OF PROPERTY:**

2505 North Wahl Avenue

**2. NAME AND ADDRESS OF OWNER:**

Name(s): Tom and Jennifer Florsheim

Address: (currently) 10252 N. RangeLine Road

City: Mequon

State: WI

ZIP: 53092

Email: jlhf@weycogroup.com

Telephone number (area code & number) Daytime: 414-732-8581

Evening: 262-512-2673

**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)

**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.

We would like to remove two dying Maple trees on the property. They are not original to the property and they are not champion trees. Both trees started dying after raised gardens were created around them, which probably resulted in stress to the roots. The top portion of the branches are dead and brittle and we are concerned about any harm that could occur if the branches snap with harsh weather. We would like to remove them and plant replacement trees before winter.

**6. SIGNATURE OF APPLICANT:**

Signature

Jennifer Florsheim

Please print or type name



October 5, 2016

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](http://www.milwaukee.gov/hpc)

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

**SUBMIT**