

Certificate of Appropriateness

LIVING WITH HISTORY

Milwaukee Historic Preservation Commission/809 N. Broadway/PO Box 324/Milwaukee, WI 53201-0324/414-286-5712

Property

518 N. WATER ST.

Description of work

Install metal cladding over jambs and sills on alley-facing windows only of commercial building

Date issued

7/26/2010

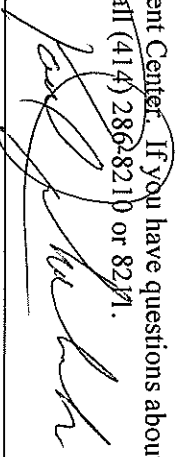
PTS ID 67548 COA, cladding of alley-facing windows on commercial building

In accordance with the provisions of Section 308-81(9) of the Milwaukee Code of Ordinances, the Milwaukee Historic Preservation Commission has issued a certificate of appropriateness for the work listed above. The work was found to be consistent with preservation guidelines. The following conditions apply to this certificate of appropriateness:

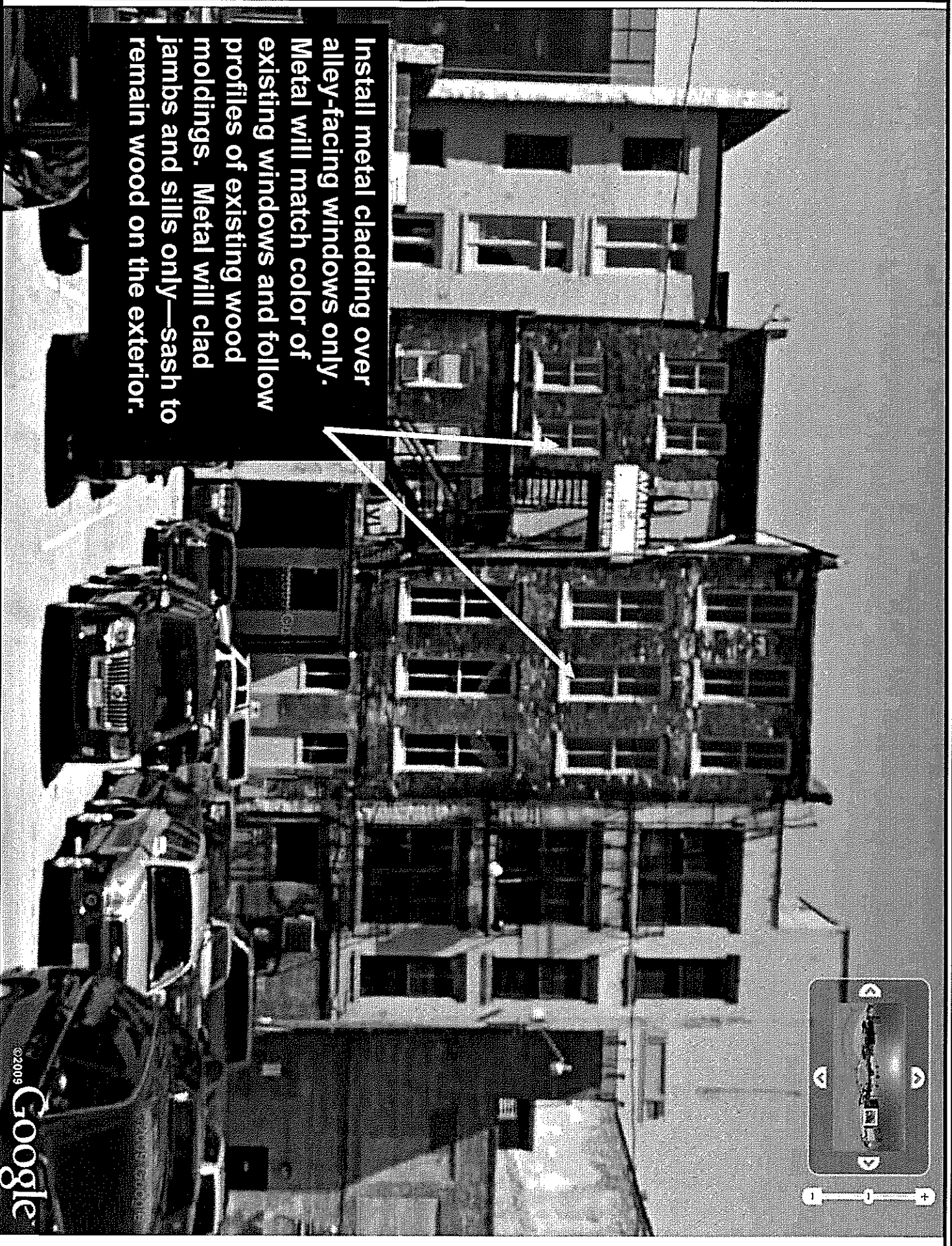
Cladding will be installed on alley-facing windows only. Cladding will follow profiles of existing wood windows.

All work must be done in a craftsman-like manner, and must be completed within one year of the date this certificate was issued. Staff must approve any changes or additions to this certificate before work begins. Work that is not completed in accordance with this certificate may be subject to correction orders or citations. If you require technical assistance, please contact Paul Jakubovich of the Historic Preservation staff as follows: Phone: (414) 286-5712 Fax: (414) 286-0232 E-mail: pjakub@milwaukee.gov.

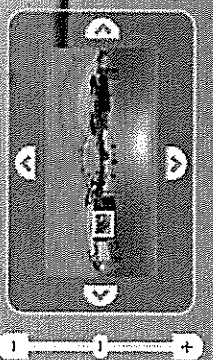
If permits are required, you are responsible for obtaining them from the Milwaukee Development Center. If you have questions about permit requirements, please consult the Development Center's web site, www.mkedcd.org/build, or call (414) 286-8210 or 8231.


Paul Jakubovich
City of Milwaukee Historic Preservation

Copies to: Development Center, Ald. Robert Bauman, Contractor Scott Miezyn, Inspector Bill Richter (286-2518)



Install metal cladding over alley-facing windows only. Metal will match color of existing windows and follow profiles of existing wood moldings. Metal will clad jambs and sills only—sash to remain wood on the exterior.





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)

ADDRESS OF PROPERTY:

522 - 5/8 North Water - Fire On Water

2. NAME AND ADDRESS OF OWNER:

Name(s): Richard Meussen

Address: W289 N3A1A Lost Creek Ct.

City: Pewaukee State: WI ZIP 53072

Email: rmussen@wi.rr.com

Telephone number (area code & number) Daytime: 414-371-5706 Evening: 262-695-6742

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

Name(s): Scott Miezin (contractor)

Address: 19430 W. Pinecrest LN

City: New Berlin State: WI ZIP Code: 53146

Email: smiezin@wi.rr.com

Telephone number (area code & number) Daytime: 414-852-0931 Evening: 414-852-0931

4. ATTACHMENTS

A. REQUIRED FOR ALL PROJECTS:

Photographs of affected areas & all sides of the building (annotated photos recommended) Picture #1

Sketches and Elevation Drawings (1 full size and 2 reduced to 11" x 17" or 8 1/2" x 11")

Material and Design Specifications (see next page)

B. NEW CONSTRUCTION/DEMOLITION ALSO REQUIRES:

____ Floor Plans (1 full size and 1 reduced to 11" x 17")

____ Site Plan showing location of project and adjoining structures and fences

____ Other (explain)

PLEASE NOTE: YOUR APPLICATION CANNOT BE PROCESSED UNLESS BOTH PAGES OF THIS FORM ARE PROPERLY COMPLETED.

5. DESCRIPTION OF PROJECT:

Describe all existing features that will be affected by proposed work. Please specify the condition of materials, design, and dimensions of each feature (additional pages may be attached)

Covering of rotten + damaged wood which surrounds perimeter of new replacement windows at rear of building only (14 windows). Some windows have no wood + a void exists between end of brick + jamb of window

Photo No. _____

Drawing No. _____

B. Describe all proposed work, materials, design, dimensions and construction technique to be employed (additional pages may be attached)

Providing prefinished Aluminum Metal Cladding to properly flash replacement windows at rear of Building ONLY (East side). Replacement windows were installed + never flashed from the exterior side by previous building owner causing damage to interior finishes

Photo No. _____

Drawing No. _____

6. SIGNATURE OF APPLICANT:


Signature

Scott Miezin
Print or type name

7-20-10
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 Form to:
Historic Preservation Division
Department of City Development
809 North Broadway - 1st Floor
Milwaukee, WI

or

Mail Form to:
Historic Preservation Division
Department of City Development
1st floor
Milwaukee, WI 53202-3617

PHONE: 414.286-5722

FAX: 414. 286-0232

www.mkedcd.org/planning/historic