



## 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)

North Sherman Boulevard Historic District

**ADDRESS OF PROPERTY:**

3025-27 N. Sherman Boulevard

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

Name(s): Dena D'Amato

Address: 3025-27 N. Sherman Blvd.

City: Milwaukee

State: WI

ZIP: 53210

Email: \_\_\_\_\_

Telephone number (area code & number) Daytime: 414-639-5436

Evening: \_\_\_\_\_

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

Name(s): Dexter Strong

Address: 3172 N. 52nd St.

City: Milwaukee

State: WI

ZIP Code: 53216

Email: dexterstrongsr@gmail.com

Telephone number (area code & number) Daytime: 414-467-1351

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:**

xxx \_\_\_\_\_ Photographs of affected areas & all sides of the building (annotated photos recommended)

xxx \_\_\_\_\_ 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.

xxx \_\_\_\_\_ 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.

Remove deteriorated 3-tab asphalt shingles from southwest corner of building. This is a spot repair. Replace with new 3-tab asphalt shingles to match original color, size and design.

Rear porch: replace all handrails and guardrails. Install new steps from 1st floor deck. Install new skirting and replace any deteriorated structural members as needed. Install new footing to respond to any Permit Center or Dept. of Neighborhood Services requirements.

**6. SIGNATURE OF APPLICANT:**

  
Signature

Dexter Strong  
Please print or type name

4/25/2013  
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)

**SUBMIT**