



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 Point North

ADDRESS OF PROPERTY:

2723 E Bradford Avenue

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

Name(s): Jason and Meagan Schultz

Address: 2723 E Bradford Avenue

City: Milwaukee

State: WI

ZIP: 53211

Email: meaganandjasonschultz@gmail.com

Telephone number (area code & number) Daytime: 4143365453

Evening: 4143365453

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

Name(s): Community Building and Restoration

Address:

City:

State:

ZIP Code:

Email: todd@thoughtfulcraftsamen.com

Telephone number (area code & number) Daytime: 414-491-0996

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.

Replace non-historic, metal storms on original windows with wood frame, single-pane/combination storms. Paint to match existing exterior trim. Work to be completed in three-four stages (19 windows total; 7 combination, 12 single pane). In combination with exterior storm replacement, tune windows to return them to original working condition.

6. SIGNATURE OF APPLICANT:


Signature

Jason Schultz
Please print or type name

8/2/2013
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

SUBMIT







