



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)

Ralph T. Friedman House

ADDRESS OF PROPERTY:

2640 N. Lake Drive, Milwaukee WI 53211

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

Name(s): Russell D. Case

Address: 2640 N. Lake Drive

City: Milwaukee

State: WI

ZIP: 53211

Email: russ@caselawfirm.com

Telephone number (area code & number) Daytime: 414/333-2597 Evening: 414/332-5988

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

Name(s): JA Homeworx, LLC

Address: N52 W35324 W. Lake Drive

City: Oconomowoc

State: WI

ZIP Code: 53066

Email: Jahomeworx@yahoo.com

Telephone number (area code & number) Daytime: 262/527-9768 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:

☒ submitted 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 via email.

Repair north & south soffit & fascia located above the familyroom & garage
All work will replicate existing detail & size of materials
Any wood that can be repaired will be repaired with putty epoxy & natural wood materials
All surfaces will be primed, sealed & painted

6. ~~SIGNATURE OF APPLICANT:~~

Signature _____

Russell D. Case

Please print or type name

Date

This form and all supporting documentation MUST arrive by 4:00 pm (11:59 pm via email) 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.

Mail or Email Form to:

Historic Preservation Commission
City Clerk's Office
841 N. Broadway, Rm. B1
Milwaukee, WI 53202

PHONE: (414) 286-5712 or 286-5722

hpc@milwaukee.gov

www.milwaukee.gov/hpc

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

SUBMIT

6/22/12

CT/TU 400000 750000 000000 2/COTKT 000000