



## 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 Historic District

ADDRESS OF PROPERTY:

2430 N. Lake Drive

2. NAME AND ADDRESS OF OWNER:

Name(s): Josh Minlein

Address: 117 N Jefferson St #206

City: Milwaukee

State: WI

ZIP: 53202

Email: josh.minlein@alphacommercial.com

Telephone number (area code & number) Daytime: 414-640-9059 Evening:

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

Name(s): Jeffrey P Folstad, Solid State Architecture

Address: 720N. Milwaukee Street, Suite 301

City: Milwaukee

State: WI

ZIP Code: 53202

Email: jpf@solid-state-arch.com

Telephone number (area code & number) Daytime: 414.231.3801 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.

This is an amendment to an approved certificate of appropriateness - PTS ID 83947.

The original building was constructed in 1922 and operated as a two family residence. Since then an addition was added in the 1980's and the building was used as a multi tenant religious convent serving the adjacent hospital.

This renovation changes the use back to a two family structure. As a part of the renovation a new code required egress exit is required at the rear of the building. This exit, and its associated, door, deck and fence was previously approved under a separate certificate. This application amends that approval to relocate the door to a different wall to better serve the layout.

6. SIGNATURE OF APPLICANT:

  
Signature

Joshua S. Mink  
Please print or type name

8-14-13  
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)