



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:

2430 LAKE DRIVE

2. NAME AND ADDRESS OF OWNER:

Name(s): JOSH MINKIN

Address: 117 NORTH JEFFERSON ST. # 206

City: MILWAUKEE

State: WI

ZIP: 53202

Email: josh.minkin@alpinecommercialre.com

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

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

Name(s): KAHLE BUILDERS LLC

Address: W235 S5858 BIG BEND RD

City: WAUKESHA

State: WI

ZIP Code: 53189

Email: aaronkahle@kahlebuilders.com

Telephone number (area code & number) Daytime: 414-324-4953 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.

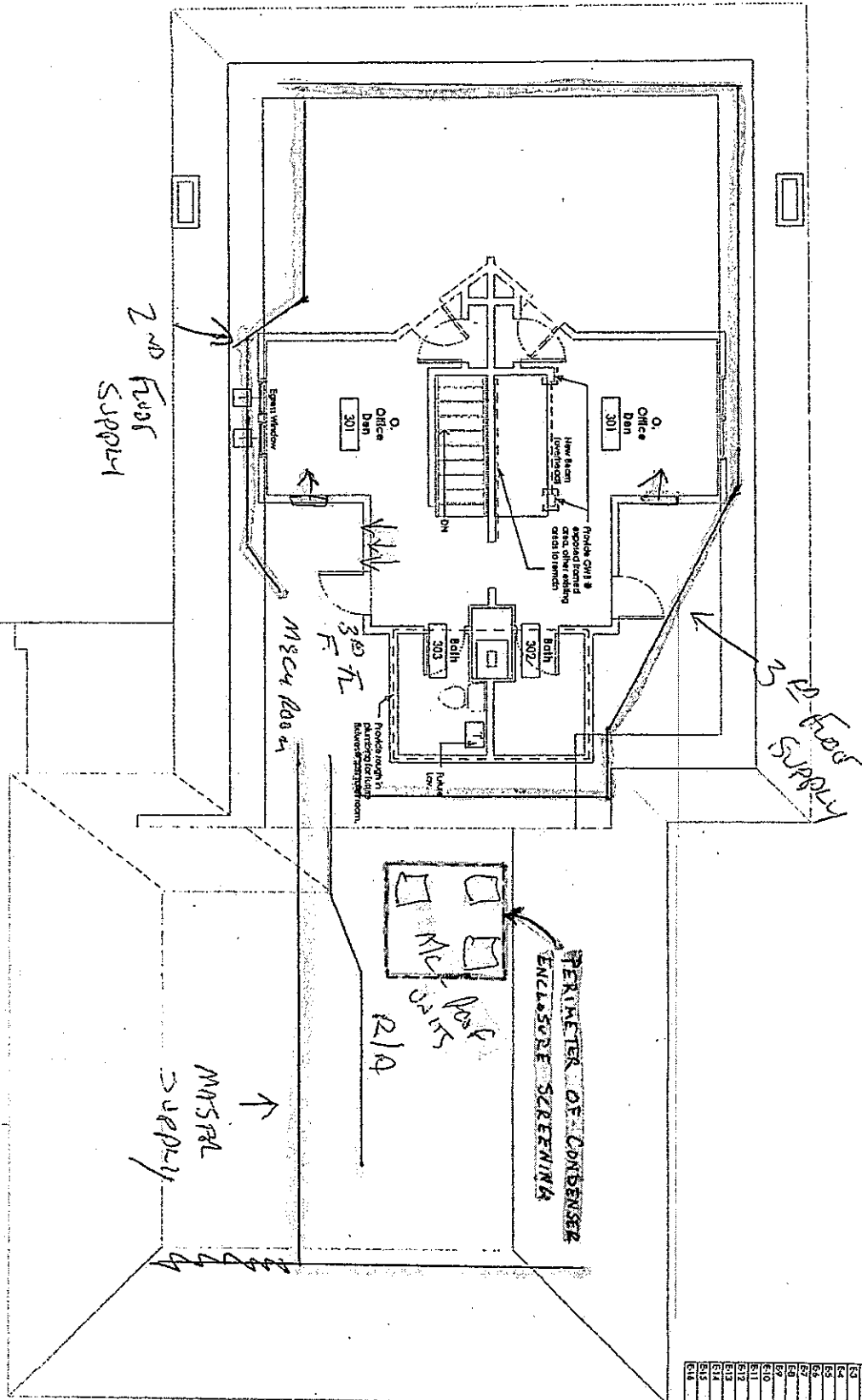
Material and Design Specifications (see next page)

B. NEW CONSTRUCTION ALSO REQUIRES:

Floor Plans (1 full size and 1 reduced to a maximum of 11" x 17")

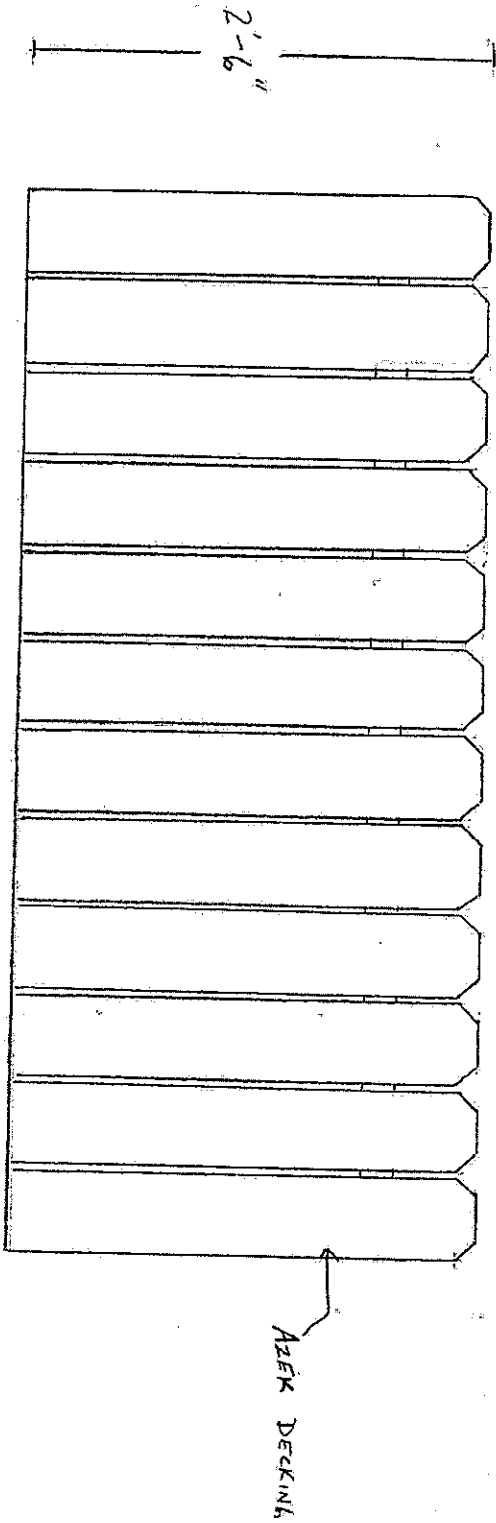
Site Plan showing location of project and adjoining structures and fences

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



Room No.	Description
E1	Working Machine
E2	Basic or Gas Core
E3	Drinking
E4	35° Room
E5	Drinking
E6	French Door Cooking Drain
E7	Door (all 1st floor)
E8	1st Floor Drainage
E9	1st Floor Drainage
E10	1st Floor Drainage
E11	1st Floor Drainage
E12	Overhead Range Hood
E13	Over Range Microwave and
E14	IV + J12 in Contact
E15	Outside Disposal
E16	Working Cabinet

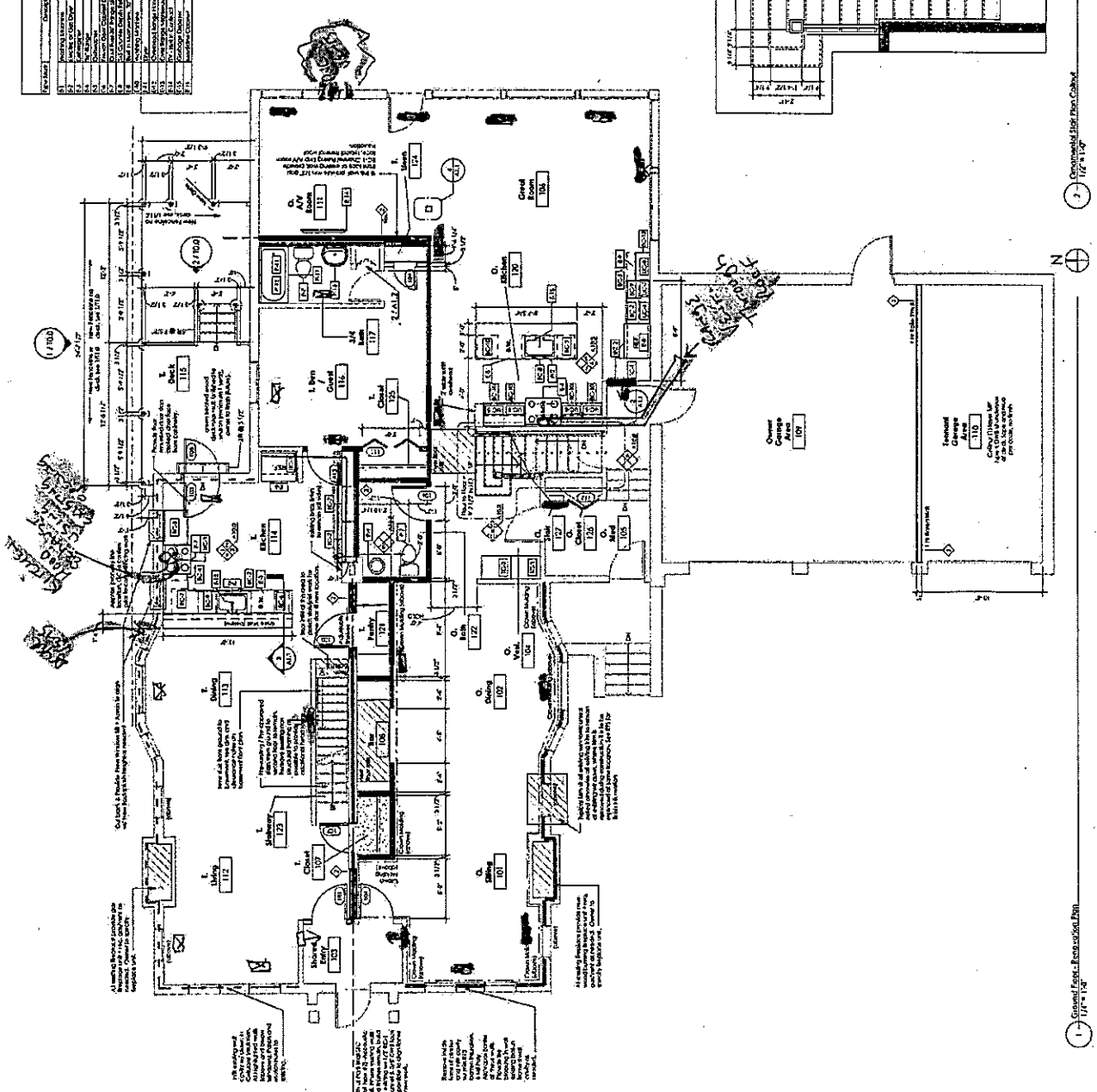
Room No.	Description
B01	13
B02	13
B03	13
B04	13
B05	13
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B07	13
B08	13
B09	13
B10	13
B11	13
B12	13
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ELEVATION OF ENCLOSURE SCREENING

AZEK DECKING

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Room Number	Room Name	Area (sq. ft.)	Comments
101	Reception	120	
102	Waiting Room	150	
103	Office	100	
104	Office	100	
105	Office	100	
106	Office	100	
107	Office	100	
108	Office	100	
109	Office	100	
110	Office	100	
111	Office	100	
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150	Office	100	

Room Number	Room Name	Area (sq. ft.)	Comments
151	Office	100	
152	Office	100	
153	Office	100	
154	Office	100	
155	Office	100	
156	Office	100	
157	Office	100	
158	Office	100	
159	Office	100	
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Room Number	Room Name	Area (sq. ft.)	Comments
201	Office	100	
202	Office	100	
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206	Office	100	
207	Office	100	
208	Office	100	
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