

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

	Sharman Blood Historic District: (if known)	
	RESS OF PROPERTY: 1878 N. Sherran Blo	
	E AND ADDRESS OF OWNER:	
	es: Aut Dallberg	
	ess: 2878 N. Sherran Elve	
	Milwaulace State: WI ZIP:	
mail	En 41 Qaolicon	
ГеІер	hone number (area code & number) Daytime: 414-264-747Evening:	
APPL	ICANT, AGENT OR CONTRACTOR: (if different from owner)	
Name	(s): Sid Chinter Postoration, Inc.	
Address: 416 W. Walnut St City: Milwaukae State: W1 ZIP Code:		
	hone number (area code & number) Daytime: 414 - 264 - 7470 Evening:	
eich	Tione number (area code & number) Daytine. 11. 30 1.7.7 Evening:	
ATTACHMENTS: (Because projects can vary in size and scope, please call the HPC Office at 414-286-5712 for submittal requirements)		
۹.	REQUIRED FOR MAJOR PROJECTS:	
personal i nanowegi rowe	Photographs of affected areas & all sides of the building (annotated photos recommended)	
construction and an artist of the second	Sketches and Elevation Drawings (1 full size and 1 reduced to 11" x 17" or 8 $\frac{1}{2}$ " x 11") A digital copy of the photos and drawings is also requested.	
maddinarni Johad d na carlodia	Material and Design Specifications (see next page)	
В.	NEW CONSTRUCTION ALSO REQUIRES:	
	Floor Plans (1 full size and 1 reduced to a maximum of 11" x 17")	
- april to the production of the	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:

extend existing airing
porch 8's use additional
bracket to match
oxisting style & supports
me to railing system to
match style on
front of heuse.

6.	SIGNATURE OF ARPLICANT:		
	Signature		
	Michael Grinker	7/18/13	
	Pill Cilirint or type name	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

PHONE: (414) 286-5722

FAX: (414) 286-3004

www.milwaukee.gov/hpc

KAREN JOHNSON/ART DAHLBERG RESIDENCE 2878 N SHERMAN BLVD REAR PORCH

SINDSON ALL DECK FRAMING IS ZYG BRESSURE TREATED BEAD BONGS

NATHING FOR SOFFIN

BEAD BONGS

BONGS

BEAD BONGS

BE

ANGLE BRACKETS Y'ly X Y'ly DOUG FIR





