



CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

RECEIVED

JAN 23 2013

1. HISTORIC NAME OF PROPERTY OR HISTORIC DISTRICT: (if known)

ADDRESS OF PROPERTY:

2431 N GRANT BLVD MILWAUKEE, WI

R-J

2. NAME AND ADDRESS OF OWNER:

Name(s): KEPPeler, TOM & MARY

Address: W159 N6507 LAVENDER LILAC LN

City: MENOMONEE FALLS

State: WI

ZIP: 53051

Email:

Telephone number (area code & number) Daytime: 262-227-6507

Evening:

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

Name(s): David Hoffman

Address: 711 MAIN ST

City: DELAFIELD

State: WI

ZIP Code: 53018

Email: DHOFFMAN@ARCHXPRESSIONS.COM

Telephone number (area code & number) Daytime: 262-646-4454

Evening: 262-893-4715

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

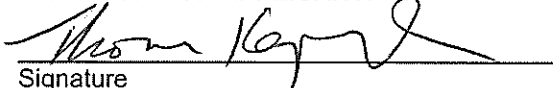
PLEASE NOTE: ***YOUR APPLICATION CANNOT BE PROCESSED UNLESS BOTH PAGES OF THIS FORM ARE PROPERLY COMPLETED AND SIGNED.***

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.

WE WILL BE UPDATING THE FOLLOWING : KITCHEN, BATHS AND SUNROOM WILL BE GETTING INTERIOR REWORK WITH NEW DRYWALL AND FINISHES. THE SUNROOM, BATHROOMS, AND KITCHEN WILL BE GETTING NEW WOOD WINDOWS PER ATTACHED TO REPLACE NO WORKING AND PERIOD INCORRECT AS IS WINDOWS. ALL EXTERIOR DETAIL TO MATCH EXISTING STUCCO RETURNS. THE REST OF THE HOME TO GET NEW MECHANICALS: HVAC, PLUMBING AND ELECTRICAL.

6. **SIGNATURE OF APPLICANT:**


Signature

THOMAS KEPPELER
Please print or type name

1-21-14
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

