



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)

Sherman Blvd

ADDRESS OF PROPERTY:

2411 N. Sherman

2. NAME AND ADDRESS OF OWNER:

Name(s): Judy Maher

Address: 7327 N. Port Washington

City: Gibsondale, WI

State: WI

ZIP: 53217

Email: jamah47@Comcast.net

Telephone number (area code & number) Daytime: 414 265 6935 Evening: _____

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

Name(s): _____

Address: _____

City: _____

State: _____

ZIP Code: _____

Email: _____

Telephone number (area code & number) Daytime: _____ 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) *(double sided dog eared fence)*
stained within 6 months

B. NEW CONSTRUCTION ALSO REQUIRES:

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

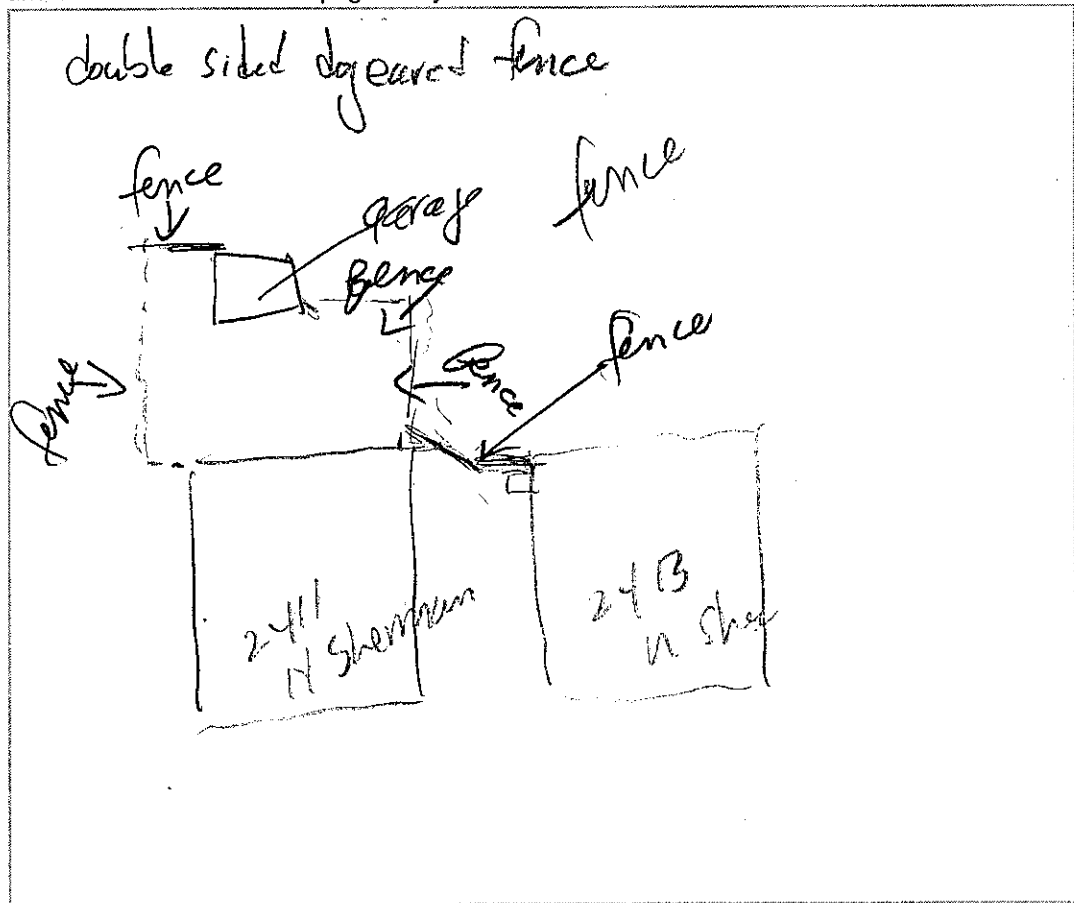
____ Site Plan showing location of project and adjoining structures and fences

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

Paul - 414-286-5912
Thursday 11am 200 E Wells
B4 - lower level

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.



6. SIGNATURE OF APPLICANT:

Julia A. Maher
Signature

Julia A. Maher
Please print 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 53202

PHONE: (414) 286-5722

FAX: (414) 286-3004

www.milwaukee.gov/hpc