

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

	OF PROPERTY I. Wahl St					
NAME AND	ADDRESS OF	OWNER:				
Name(s):	Michael	and Juli	e Schin	zer		\$1000 PERSON BERTANDE STATE AND STAT
Address:	2505 N.	Wahl Stre	eet			
City:	Milwauk	ee	State:	WI	ZIP: 532	211
Email:						
Telephone	number (area co	de & number)	Daytime:		Evening:	
ADDI ICAN	T, AGENT OR C	CONTRACTOR	/if differen	at from owner)		
	11. #20.25 million files (1.00-50). William (1.00-50).					
Name(s):		racting &	_	LLC		
Address:	N50 W70	78 Westéri	n Rd.	***************************************		
City:	Cedarbu	rg	State:	WI	ZIP Code:	53012
Email:	skip@a1	mail.us				
Telephone i	number (area co	de & number)		414-248		262-375-
	ENTS: (Because 5712 for submitted)			and scope, ple	ase call the HPC	Office
	QUIRED FOR M	• • • • • • • • • • • • • • • • • • • •	•			
A DE	YOIKED FOR IVI	AJUR PROJEC	C15:			
						commended)
	tographs of affe	cted areas & al	I sides of th	e building (ann	otated photos re	
6 Pho		ition Drawings ((1 full size a	nd 1 reduced t	otated photos re	½" x 11")
6 Pho Ske A di	tches and Eleva	ation Drawings (photos and dra	(1 full size a awings is als	nd 1 reduced t so requested.	±5.	½" x 11")
6 Pho Ske A di Mat	tches and Eleva gital copy of the	ation Drawings (photos and dra Specifications	(1 full size a awings is als (see next p	nd 1 reduced t so requested.	±5.	½" x 11")
6 Pho Ske A di Mat B. NE V	tches and Eleva gital copy of the erial and Design	ation Drawings (photos and dra Specifications	(1 full size a awings is als (see next p	nd 1 reduced t so requested. age)	o 11" x 17" or 8 î	½" x 11")

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

Tell us what you want to do. Describe all proposed work including materials, design, and dimensions. Additional pages may be attached.

Remove porch fir ceiling and rotted crown molding. Remove rotted 10"x14" beam. Remove and save cornice copper. (To be reused after wood replacement.) Replace all ceiling and crown with an exact matching wood and profile. Replace beam with a fir beam, free of hart to minimize splitting. Remove railings on east and west side of porch. (railings are rotted and invested with termites. Remove and replace 2 railing posts next to building. North railings to remain which are in good condition. Railings and balusters to be made out of cedar. all parts to match existing. We consider this a repair to existing. Knifes will be ordered to match existing profiles. We will keep the main part of the porch intact. Will only need to go as far as the termite infestation.

6. SIGNATURE OF APPLICANT:

Ship Farina Signature

SKIP FACENA Please print or type name

S.F contracting & Design

Date

1/13/15

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











