

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

living with history HISTORIC NAME OF PROPERTY OR HISTORIC DISTRICT: (if known) 1. North Point ADDRESS OF PROPERTY: 2628 N Lake Drive, Milwaukee, WI 53211 NAME AND ADDRESS OF OWNER: 2. Name(s): Julie A. Penman and Jeffrey B. Bentoff Address: 2628 N Lake Drive City: Milwaukee State: Wi ZIP: 53211 Email: japenman@att.net Evening: 414-964-9433 Telephone number (area code & number) Daytime: 414-964-9433 APPLICANT, AGENT OR CONTRACTOR: (if different from owner) 3. Name(s): Address: . . . ZIP Code: State: City: Email: Telephone number (area code & number) Daytime: Evening: ATTACHMENTS: (Because projects can vary in size and scope, please call the HPC Office 4. at 414-286-5712 for submittal requirements) **REQUIRED FOR MAJOR PROJECTS:** A. 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) **NEW CONSTRUCTION ALSO REQUIRES:** В. Floor Plans (1 full size and 1 reduced to a maximum of 11" x 17")

PLEASE NOTE:

YOUR APPLICATION CANNOT BE PROCESSED UNLESS BOTH PAGES OF THIS FORM ARE PROPERLY COMPLETED

AND SIGNED.

Site Plan showing location of project and adjoining structures and fences

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.

General Roof Repair:

Repair open seams on flat rubber roofs

Replace missing shingles Install ridge where missing Install hip where missing

Repair holes in plumbing pipe flashing Strip in drip edge on dormer flat roof Paint and reseal chimney flashing

Repair Valley bases

Refasten loose metal flashing

Dormer Shingle Replacement:

Setup necessary access

Remove existing wood shingles

Install ice and water shield membrane over complete area Install new 60 milo EPDM flashing on East dormer from flat roof up wall.

Install new 18" perfections, CCA treated wood shingles, stained to match existing.

to be operable. Shutters will be painted to match existing trim on house (brown).

Replace missing shutters on front of house, per original plans (see attached drawing)
Shutters will be sized to equal half of the window and will be mounted over the frame so they appear

Masonry Tuckpointing

Remove existing mortar where repair is needed and replace with mortar that is the same color, appearance and tooling of original joints (no harder than ASTM, Type N which consists of I part Portland Cement, I part hydrated lime and 6 parts sand. Mortar will be tinted to match the original mortar color.

6. SIGNATURE OF APPLICANT:

Stanature

Julie A. Penman

May 28, 2014

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

