

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

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1.	HISTO	PRIC NAME OF PROPERTY OR HISTORIC DISTRICT: (if known)	
	NO	RTH POINT NORTH HISTORIC DISTRICT	
	- 4	ESS OF PROPERTY:	
	2	545 WAHL AVENUE	
2.	NAME	AND ADDRESS OF OWNER:	
	Name(SI SALLY PELTZ AND CHRIS BAUER	
	Addres	SS: 2545 WAHL A VENUE	
		M/LWAUKEE State: W/ ZIP: 532/1-3825	
	5'AZ Email:	Speltz@legacyredevelopmentcorp.org	
	Talanh	one number (area code & number) Daytime: 4/4-343-3034 Evening: 4/4-5/0-7003	
	Геюрг	CHRIS BAVER 608-252-6246 414-906-9697	
3.	APPLICANT, AGENT OR CONTRACTOR: (if different from owner)		
	Name(s): PEDONE CONSTRUCTION LTD	
	Addres	SE: W290 N3299 HILL CREST DRIVE	
		PEWAUKEE State: WI ZIP Code: 53042	
	Email:	kpedone ewi-rr.com	
	Teleph FR P	one number (area code & number) Daytime: 262-695-6147 Evening: 262-695-6147	
4.		ACHMENTS: (Because projects can vary in size and scope, please call the HPC Office 4-286-5712 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" \times 17" or 8 $\frac{1}{2}$ " \times 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	
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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.

REMOVE EXISTING CONCRETE DRIVEWA AND INSTALL NEW CONCRETE DRIVEWAS WITH CONTROL JOINTS AS NEEDED. THE DESIGN TO BE ACCORDING TO THE SKETCH PROVIDED . THE DIMENSIONS THE SAME AS THE EXISTING DRIVEWAY TO CREATE NEW PLANTING BEDS AS PER SKETCH AT THE BACK ENTRANCE ALSO TO INSTALL A CONCRETE BACK LANDING.

6. SIGNATURE OF APPLICANT:

FRANK PEDONE

Please print or type name

02/10/2015

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