



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)
NORTH LAKE DRIVE HISTORIC DISTRICT

ADDRESS OF PROPERTY:
2851 N. LAKE DRIVE, MILWAUKEE, WI 53211
2. **NAME AND ADDRESS OF OWNER:**
Name(s): MICHAEL BURR AND JULIE WARNER

Address: 716 E. DAY AVENUE

City: WHITEFISH BAY State: WI ZIP: 53217

Email: mburr@kltrust.com

Telephone number (area code & number) Daytime: 414-227-0839 Evening: 414-559-2019
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)
 - 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 would like to add to the existing attached garage approximately 20X20 feet to the west to create a four car (tandem) garage. The existing two car garage serves both condominium units (upper and lower) in the building. We would also like to add an elevator on the east end of the existing garage, within the garage, that would extend above the roof of the garage to serve the second floor unit and be attached to the west exterior of the building and enter the second floor unit there. I have one surgically fused ankle and am on course to have my other ankle replaced in the fourth quarter of 2015. We plan to live at the address for the next 20 years and the elevator will make the living space much more useable for me.

6. SIGNATURE OF APPLICANT:


Signature

MICHAEL BURR

Please print or type name

3-19-15
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

Or click the **SUBMIT** button to automatically email this form for submission.

SUBMIT