

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

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20/5	RESS OF PROPERTY: 5 N. Summit Avenue, Milwaukee V	VI 53211	
NAN	E AND ADDRESS OF OWNE	ER:	
Nam	e(s): Thomas H and Anne W Ree	ed	
Addr	ess: 2675 N Summit Ave.		
City:	Milwaukee	State: WI	ZIP: 53211
Ema	ij: reed.anne@gmail.com		
Tele	phone number (area code & no	umber) Daytime: <u>414651-1435</u>	Evening: 414962-5263
City:		State:	ZIP Code:
City:		State:	ZIP Code:
Ema	il:		9919900011009001000100100100100100100100
		umber) Daytime:	
Tele _l ATT/ at 41	phone number (area code & nu	umber) Daytime: cts can vary in size and scope, ple irements)	Evening:
Telep ATT/ at 41 A.	ohone number (area code & no ACHMENTS: (Because project 4-286-5712 for submittal requ REQUIRED FOR MAJOR	umber) Daytime: cts can vary in size and scope, ple irements)	Evening:ease call the HPC Office
Telep ATT/ at 41 A.	ACHMENTS: (Because project 4-286-5712 for submittal requ REQUIRED FOR MAJOR Photographs of affected ar Sketches and Elevation Dr	umber) Daytime:cts can vary in size and scope, pleirements) PROJECTS:	Evening:ease call the HPC Office notated photos recommende to 11" x 17" or 8 ½" x 11")
Telep ATT/ at 41 A.	ACHMENTS: (Because project 4-286-5712 for submittal requ REQUIRED FOR MAJOR Photographs of affected ar Sketches and Elevation Dr	umber) Daytime:cts can vary in size and scope, pleirements) PROJECTS: reas & all sides of the building (and rawings (1 full size and 1 reduced and drawings is also requested.	Evening:ease call the HPC Office notated photos recommende to 11" x 17" or 8 ½" x 11")
Teler	ACHMENTS: (Because project 4-286-5712 for submittal requestion FOR MAJOR — Photographs of affected ar — Sketches and Elevation Dr A digital copy of the photos	cts can vary in size and scope, pleatirements) PROJECTS: reas & all sides of the building (and rawings (1 full size and 1 reduced and drawings is also requested. fications (see next page)	Evening:ease call the HPC Office notated photos recommende to 11" x 17" or 8 ½" x 11")
Tele _l ATT at 41 A.	ACHMENTS: (Because project 4-286-5712 for submittal requivalent REQUIRED FOR MAJOR — Photographs of affected ar — Sketches and Elevation Drick A digital copy of the photosis — Material and Design Specification Alexandrical Security NEW CONSTRUCTION	cts can vary in size and scope, pleatirements) PROJECTS: reas & all sides of the building (and rawings (1 full size and 1 reduced and drawings is also requested. fications (see next page)	Evening:ease call the HPC Office notated photos recommende to 11" x 17" or 8 ½" x 11")

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

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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 description: tuckpointing, masonry repair, driveway/hardscape repair, window/door repair, roofing repair, all to exactly match existing appearance. Small new bluestone patio in back yard.

Detailed description: See description in Wisconsin Historical Society Tax Credit Certification Applications and approval letter attached. All conditions in approval letter will be met.

6. SIGNATURE OF APPLICANT:

Signature

Please print or type name

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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

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CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

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1.		DRIC NAME OF PROPERTY OF Residence	R HISTORIC DISTRICT: (if	Dr.	v
		RESS OF PROPERTY: N. Summit Avenue, Milwaukee WI 53			
2.	NAME	AND ADDRESS OF OWNER:			
	Name	(s): Thomas H and Anne W Reed			
	Addre	ss: 2675 N Summit Ave.			
	City: <u></u>	Milwaukee	State: WI	ZIP: 53211	
	Email:	reed.anne@gmail.com			
	Telepl	none number (area code & numb	per) Daytime: 414651-1435	Evening: 414962-5263	
3.	APPL	ICANT, AGENT OR CONTRAC	TOR: (if different from own	er)	
	Name	(s):			
	Addre	ss:			
	City:_		State:	ZIP Code:	
	Email:				
	Telepl	none number (area code & numb	per) Daytime:	Evening:	
4.		CHMENTS: (Because projects of -286-5712 for submittal requiren		please call the HPC Office	
	Α.	REQUIRED FOR MAJOR PRO	OJECTS:		
	×	Photographs of affected areas	& all sides of the building (annotated photos recommended)	
	ill be pristic	Sketches and Elevation Drawi			
	x	Material and Design Specificat	tions (see next page)		
	В.	NEW CONSTRUCTION ALSO	REQUIRES:		
		Floor Plans (1 full size and 1 re	educed to a maximum of 11	" × 17")	
	***	Site Plan showing location of p	project and adjoining structu	res and fences	
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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.

General description: rebuild chimney to match existing appearance

Detailed description from the contractor:

- A scaffold tower will need to be erected from the ground up and onto the roof so as to access the
 entire chimney
- Plywood sheeting and canvas tarps will be used to protect all roof areas adjacent to the chimney
 Due to the extensive damage at the top of the chimney, we will remove the existing cap and brick masonry down to the roof flashing. Brick will be cleaned and re-used
 - All exposed clay tile flue liners shall be replaced where deemed necessary
- Chimney shall be rebuilt with saved brick to match original design and dimensions as close as
 possible
- A new concrete chimney cap shall be framed and poured at the top of the chimney approximately four inches (4") thick with a continuous one and one half inch (1 $\frac{1}{2}$ ") overhang to provide the proper pitch for water drainage
- Once concrete has cured, forms shall be removed and perimeter of flue tiles abutting concrete cap shall be caulked with a one part urethane sealant
- Joint where flashing abuts brick shall be sealed with a urethane sealant

6. SIGNATURE OF APPLICANT:

Please print or type name

Date

7/16/15

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Hand Deliver or Mail Form to:

Signature

Historic Preservation Commission City Clerk's Office 200 E. Wells St. Room B-4 Milwaukee, WI 53202

PHONE: (414) 286-5722

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



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PORCH WILL BE REPLACED



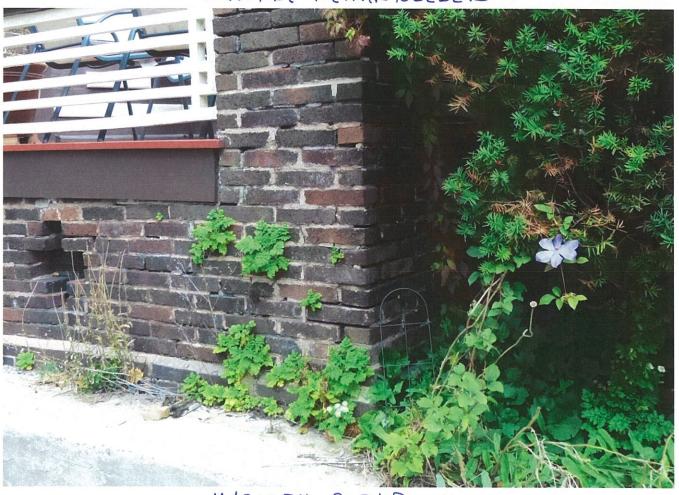
SOUTH SIDE OF HOME

r, , , , , , ,

Sec. 10



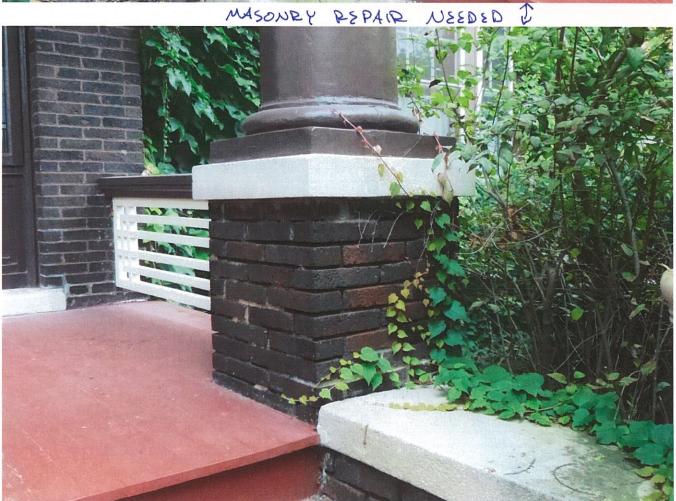
MASONRY REPAIR NEEDED



MASONRY REPAIR NEEDED

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NORTH SIDE OF HOUSE



MASONEY REPAIR NEEDED

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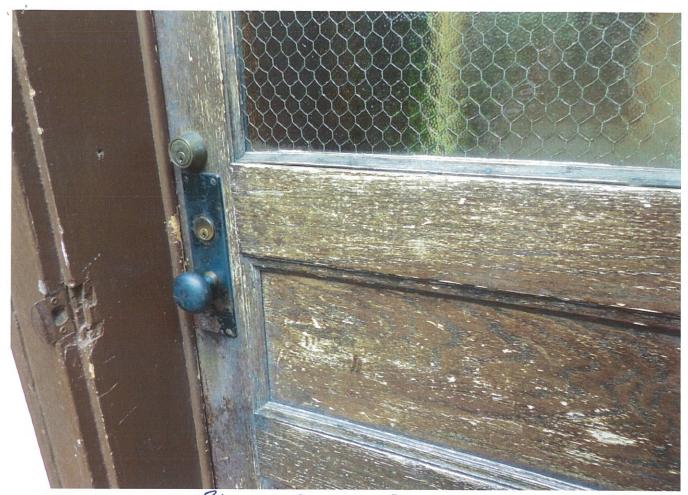


DOOR WILL BE REFINISHED



3-DAMAG SSTAW

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BACK DOOR WILL BE REFLUISHED



SCREEN DOOR REPAIR PEPLACEMENT NEEDED



FRONT OF HOUSE



SCREEN DOOR REPAIR/REPLACEMENT NEEDED

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ROOF ISSUES CAUSING WATER DAMAGE



OUTTERS TO BE REPAIRED (REPLACED

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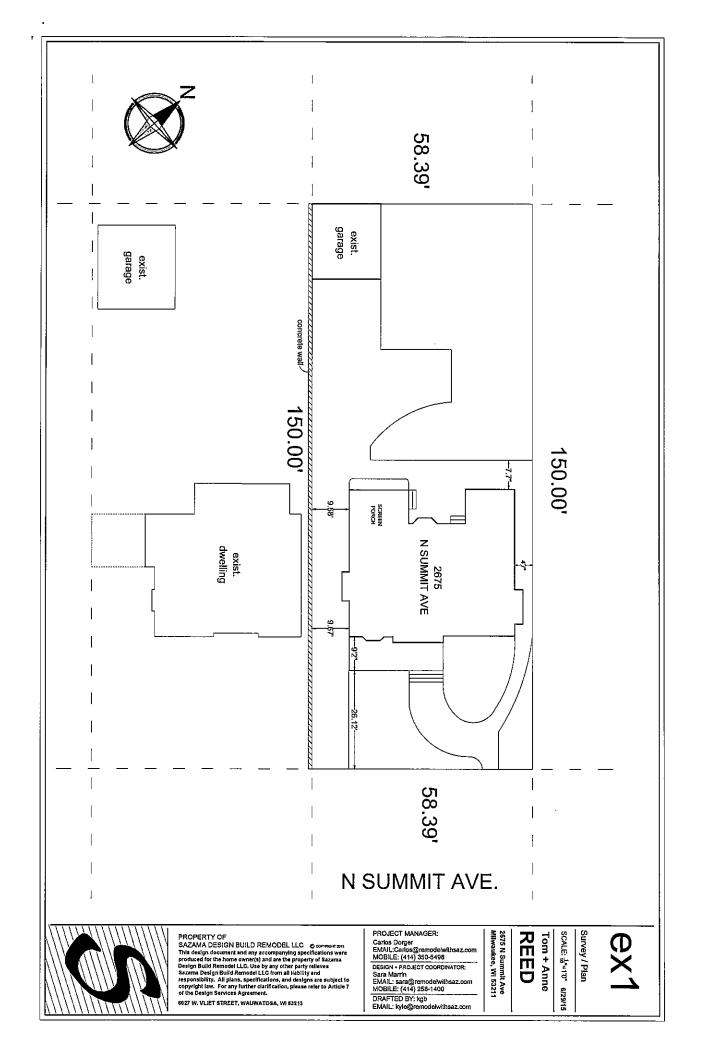


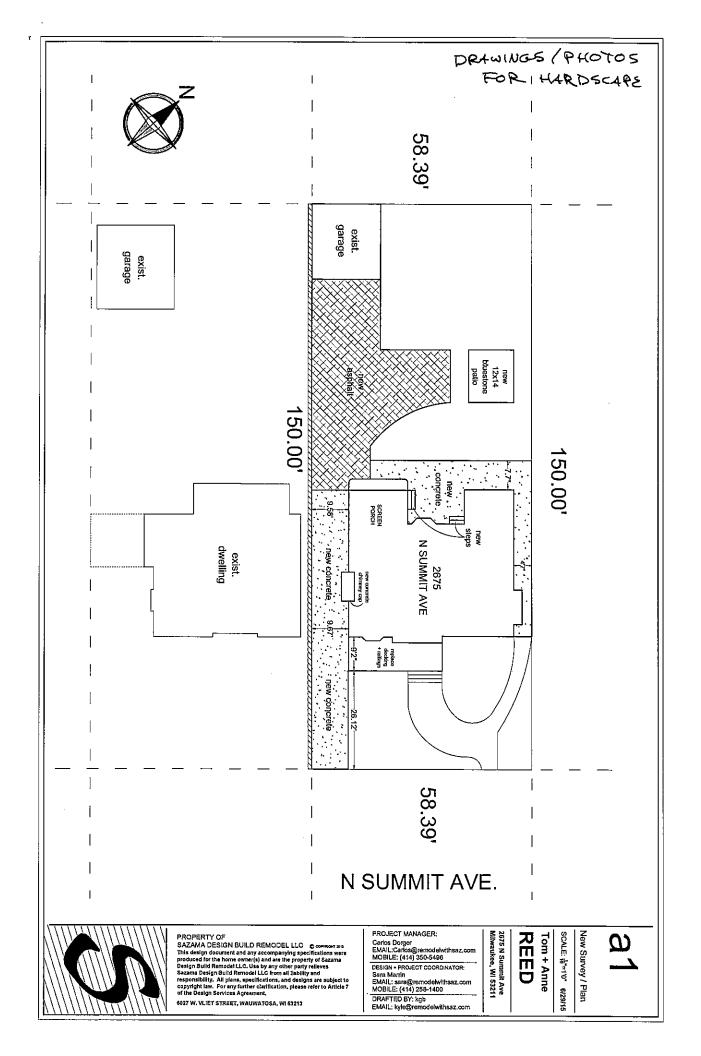
WATER DAMAGE



3-DANAG 93TAW

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