



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)

CONCORDIA

ADDRESS OF PROPERTY:

931 N. 33 ST.

2. NAME AND ADDRESS OF OWNER:

Name(s): MARC + JESSICA BENZAKEN

Address: 931 N. 33 ST.

City: MILWAUKEE State: WI. ZIP: _____

Email: _____

Telephone number (area code & number) Daytime: _____ Evening: _____

3. APPLICANT, AGENT OR CONTRACTOR: (if different from owner)

Name(s): NAVARRETTE MECHANICAL LLC

Address: 3941 S. CAMROSE AVE

City: NEW BERLIN State: WI ZIP Code: 53151

Email: navarrettemechanical@yahoo.com

Telephone number (area code & number) Daytime: 262-352-1821 Evening: SAME

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.

ADD HVAC SYSTEM TO NEW 3RD FLOOR BUILDOUT. SET AC UNIT IN REAR OF HOME NEXT TO THE 2 EXISTING UNITS. RUN LINE SET DOWN WALL IN REAR OF HOME. HIDE THE LINE SET IN LINE HIDE MATERIAL, GUTTER LOOKING MATERIAL. VENT BATH FANS OUT ROOF WITH LOW PROFILE ROOF CAPS. VENT FOR FURNACE TO BE B-VENT MATERIAL. EXISTING CHIMNEY DEMOED.

6. SIGNATURE OF APPLICANT:

David J. Parent
Signature

DAVID J. PARENT
Please print or type name

8-31-15
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

