

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

COMMISSION			Please print legibly.		
lioii 1.	living with fatory HISTORIC NAME OF PROPERTY OR HISTORIC DISTRIC			r: (if known)	
	ADDRESS OF PROPERTY:				
	3014 \	West McKinley Blvd.			
2.		E AND ADDRESS OF OWNER:			
	Name	(s): Stephanie Powe			
	Addre	ss: 3014 West McKinley Blvd.			
	City: ^N	Milwaukee	State: Wisconsin	ZIP: ⁵³²⁰⁸	
	Email:	slpowe@hotmail.com			
	Telepl	hone number (area code & number)) Daytime: ⁴¹⁴⁻⁸⁹⁹⁻⁷⁶⁹³	Evening: 414-899-7693	
3.	APPLICANT, AGENT OR CONTRACTOR: (if different from owner)				
	Name(s):				
	Addre	SS:	we come that the theory of the same production and the production of the production of the first contribution $(0,1)$ is (1) and (1)		
	City: _	N CONTROL - 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State:	ZIP Code:	
	Email:				
	Telephone number (area code & num) 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:			
	Χ	Photographs of affected areas & all sides of the building (annotated photos recommended)			
	Tendenick of a secure deleter New Administration	Sketches and Elevation Drawings (1 full size and 1 reduced to 11" x 17" or 8 ½" x 11") A digital copy of the photos and drawings is also requested.			
	*12/41/5/54#WINT**2/5#EURSWSSSSSSS	Material and Design Specifications (see next page)			
	В.	NEW CONSTRUCTION ALSO REQUIRES:			
	encentricate in interest and in	Floor Plans (1 full size and 1 reduced to a maximum of 11" x 17")			
	nymogram medicana i militara da enda está com	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.

Replacement roof/tear off of carriage/garage house

6. SIGNATURE OF APPLICANT:

Stephanie Powe

June 8, 2016

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

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

Hatala, Carlen

From: Sent: Nader Sayadi <nsayadi@uwm.edu> Tuesday, August 09, 2016 9:51 AM

To:

Tuesday, August 09, 2016 Stephanie Powe

Cc:

Hatala, Carlen

Subject:

Re: Complementary info requiered for COA (3014 W Mckinley)

Thanks for the information Stephanie,

Best,

Nader Sayadi

Intern

Historic Preservation Office

City of Milwaukee

From: Stephanie Powe <slpowe@hotmail.com> Sent: Monday, August 8, 2016 9:34:49 AM

To: Nader Sayadi

Subject: Re: Complementary info requiered for COA (3014 W Mckinley)

1. type (3-tab/dimensional?) and brand of the roofing

DAS Timberline

2. color

Weather Wood - What is on the front house now

3. gutter

Keep the same gutters and repair the ones with holds in them.

On Jun 24, 2016, at 3:21 PM, Nader Sayadi <nsayadi@uwm.edu> wrote:

- 1. type (3-tab/dimensional?) and brand of the roofing
- 2. color
- 3. gutter