

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

ADDRESS OF PROPERTY: 959 North 34th St.	more consects where the process can be a like that they had be a like about the like as who relations also reconstituted as	askellen og kristen i Diraktern i Makka so skalen i medlege måde skjender, sjan de folksinnin statistet et bleve om bleve om
NAME AND ADDRESS OF OWN		
Name(s): Jeff Waldorf		
Address: 959 N. 34th St.		ээгэх нэгэг гавагаан гайн хангаас хүүн хангаас хангаас хүүн хүүрэг хангаас хүү хүү хүү хүү хүү хүү хүү хүү хүү
	State: WI	
Email: Jwaldorf@wi.rr.co		and participated and the control of
Telephone number (area code & r	number) Daytime: 414-526-664	18 Evening:
APPLICANT AGENT OF CONTI	RACTOR: (if different from owner	A
	Architect BMR Design	<i>5</i>
Address: 503 W. Lincoln	Ava	
	State: WI	
	number) Daytime: 414-384-299	
relephone number (area code &	number bayume. Tit 300 23.	Everillig.
ATTACHMENTS: (Because proj at 414-286-5712 for submittal req	ects can vary in size and scope, p quirements)	lease call the HPC Office
A. REQUIRED FOR MAJOR	R PROJECTS:	
X Photographs of affected a	areas & all sides of the building (a	nnotated photos recommende
Pnotographs of affected a		
X Sketches and Elevation [Orawings (1 full size and 1 reduced sos and drawings is also requested	
X Sketches and Elevation I A digital copy of the photo		
X Sketches and Elevation I A digital copy of the photo	cos and drawings is also requested cifications (see next page)	
X Sketches and Elevation E A digital copy of the phot Material and Design Spec	cos and drawings is also requested cifications (see next page)	

AND SIGNED.

BOTH PAGES OF THIS FORM ARE PROPERLY COMPLETED

6/22/12

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.

- 1. Removal and re-installation of an existing stone wall.
 - construction of a new footing below the existing stone wall
- 2. Removal and replacement of existing front stairs
 - construction of a new footing below the front stairs
- 3. Removal and replacement of damaged wood flooring on the front porch that does not have a roof above.
 - removal and replacement of damaged floor framing supporting the wood floor
- 4. Construction of a new roof framing system to cover the unprotected porch area where the wood floor and stone wall are damaged.
- Removal of existing square columns supporting the existing roof porch and replace them with round columns

NOTE: See attached pictures and drawings of existing conditions and preliminary drawings with suggested new scope of work.

6.	SIGNA	TURE OF	APPL	ICANT:
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Signature Page 18018

Luis Barbosa - Architect

July 28, 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.

