



## 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)

SHERMAN PARK BLVD HD

ADDRESS OF PROPERTY:

2430 N Sherman

2. NAME AND ADDRESS OF OWNER:

Name(s): BRIDGET BANNON

Address: 603 N. STORP PKWY

City: MILWAUKEE State: WI ZIP 53208

Email: brbannon@wi.rr.com

Telephone number (area code & number) Daytime: 414 774-0732 Evening: Same

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

Name(s): Michael Owens

Address: 1171 N 10330 Wildrose Lane

City: Germantown State: WI ZIP Code: 53022

Email: info@OGC CONSTRUCTION.COM

Telephone number (area code & number) Daytime: 414 238-4404 Evening: Same

4. ATTACHMENTS

A. REQUIRED FOR ALL PROJECTS:

\* Photographs of affected areas & all sides of the building (annotated photos recommended)

Sketches and Elevation Drawings (1 full size and 2 reduced to 11" x 17" or 8 1/2" x 11")

Material and Design Specifications (see next page)

B. NEW CONSTRUCTION/DEMOLITION ALSO REQUIRES:

Floor Plans (1 full size and 1 reduced to 11" x 17")

Site Plan showing location of project and adjoining structures and fences

Other (explain):

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

5. DESCRIPTION OF PROJECT:

Describe all existing features that will be affected by proposed work. Please specify the condition of materials, design, and dimensions of each feature (additional pages may be attached)

42 WINDOWS - VARYING SIZES + STORMS  
FASCIA BOARDS, CROWN MOULDING, ~~GUTTERS~~ HOUSE + GARAGE  
GUTTERS + 2 TIN ROOFS - GUTTERS - HOUSE + GARAGE  
FRONT PORCH BUTTRESSES

Photo No. \_\_\_\_\_

Drawing No. \_\_\_\_\_

- B. Describe all proposed work, materials, design, dimensions and construction technique to be employed (additional pages may be attached)

RESTORE WINDOWS. VINYL TRACKLINERS REMOVE LEAD PAINT,  
ENCAPSULATE IN LATEX  
REMOVE RUST IN GUTTERS, ADJUST PITCH, APPLY PROTECTIVE  
COATING 1X1, PAINT.  
ROOFS - 2 TIN - REMOVE RUST, APPLY PROTECTIVE COATING,  
PAINT  
TUCKPOINT BUTTRESSES UTILIZING SAME /SIMILAR BRICK +  
MORTAR

Photo No. \_\_\_\_\_

Drawing No. \_\_\_\_\_

6. SIGNATURE OF APPLICANT:

Bridget Bannon  
Signature

BRIDGET BANNON  
Print or type name

MAY 28, 2009  
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 Form to:  
Historic Preservation Division  
Department of City Development  
809 North Broadway - 1st Floor  
Milwaukee, WI

or

Mail Form to:  
Historic Preservation Division  
Department of City Development  
1st floor  
Milwaukee, WI 53202-3617

PHONE: 414.286-5712

FAX: 414. 286-0232

[www.mkedcd.org/planning/historic](http://www.mkedcd.org/planning/historic)

REQUEST FOR PLANNING REVIEW – CDBG-FUNDED REHABILITATION PROJECTS

SEND TO: NEPA Manager  
P.O. Box 324  
Milwaukee, WI 53201

PART I: Originator to Complete this Section. Part II cannot be completed unless all questions in Part I are answered.

FROM: Milwaukee Health Department Lead Program  
(Dept., Bureau, Agency, Grantee, etc.)

Date Submitted: 7/6/09

RETURN TO: Yahaira Rodriguez  
(Name)

841 North Broadway, Room 118, Milwaukee, WI 53202  
(Address)

PROPERTY ADDRESS: 2430 N Sherman Bl  
(City of Milwaukee Only)

327-0517-100  
7B

CDBG PROGRAM (identify)

1. Will the Rehabilitation Project to be undertaken increase unit density by more than 20 percent? ( ) Yes (X) No
2. Will the project involve changes in land use (e.g. from residential to nonresidential; or from nonresidential to residential; or from one class of residential to another, e.g. from single family attached dwelling to high-rise multiple family dwelling units)? ( ) Yes (X) No
3. Will the estimated cost of the project be more than 75 percent of the total estimated cost of replacement after rehabilitation? ( ) Yes (X) No

**NOTE:** A "Yes" to any of the first three questions would require a full Environmental Impact Assessment (EIA), unless the activity is part of a larger project for which a full EIA has already been completed. Contact the NEPA Manager (414-286-8682) for assistance in conducting EIAs.

If all three questions are answered "No", this project is categorically excluded from a full EIA. Part II will be completed by DCD staff to satisfy statutory requirements for categorically excluded activities.

4. If asbestos is on the premises, will the asbestos be removed from the structure? ( ) Yes (X) No

If YES, notify the DNR (Air Management Program, telephone: (414-263-8566) and the Department of Neighborhood Services (Environmental Health Section, telephone: 414-286-8674) as soon as possible. The DNR requires at least a 10-day notification before a project can be started.

PART II: DCD Staff to Complete this Section.

1. Is the property located on land designated as floodplain (per existing floodplain zoning district)? ( ) Yes\* (X) No  
Documentation: FEMA Floodplain Map, Panel No. 837, Dated 09/08.
2. Is the property eligible or listed in the National Register, or contained within a National Register Historic District, or is it locally designated? (X) Yes\* ( ) No  
Documentation: (X) N.R. List (X) H.P.C. List ( ) Identified by Survey 7/9/09
3. Will the property be exposed to noise levels which may exceed HUD's noise standards? ( ) Yes\* (X) No  
Documentation: (X) Land Use ¼ Section Map ( ) Field Inspection
4. Is the project located in or near a designated wetland area? ( ) Yes\* (X) No  
Documentation: (X) DNR Wetland Map  
(X) Land Use ¼ Section Map
5. Is the project located in or near an area where conventional petroleum fuels (such as gasoline), hazardous gases (such as liquid propane), or chemicals of a flammable mixture (such as benzene or hexane) are stored within a structure or in an above-ground storage tank? ( ) Yes\* (X) No  
Documentation: (X) Land Use ¼ Section Map ( ) Field Inspection

Property Address: 2430 N. SHUMAN BLVD

INSTRUCTIONS/COMMENTS FROM PART II

- \_\_\_\_\_ 1. Appears to be located within a **Flood Plain Zoning District**. Check with the City of Milwaukee Department Center's website ([www.mkedcd.org](http://www.mkedcd.org)) for a final decision and information regarding regulations which may affect the rehab work proposed. Consult the US Department of HUD website ([www.hud.gov](http://www.hud.gov)) for the 8-step process which may be required, per Executive Order #11988, for properties in a floodplain.
- X 2. This project was listed in the **National Register** on 4/6/2004 and/or was **locally designated** on 1/25/1995 as SHUMAN BLVD. HISTORIC DISTRICT or is considered to be **eligible** for listing in the National Register and/or is eligible for local designation. Project activities must conform to the Secretary of the Interior's Standards and/or the preservation guidelines adopted for the property by the Common Council. Final plans must be submitted to Historic Preservation staff (telephone: 414-286-5722) for review before construction or rehabilitation activities may begin.
- \_\_\_\_\_ 2a. This is also an improved City-owned property. Covenants and restrictions from a properly executed **Architectural Façade Conservation Easement**, as detailed by the Historic Preservation Officer, must be inserted in the deed of conveyance or lease of this property.
- \_\_\_\_\_ 3. The property is adjacent to a fire station, expressway, railroad tracks, airport, manufacturing, or industrial source of **noise pollution**. If extensive rehabilitation is planned, the property owner should consider adding noise-insulating materials to control intrusive noise and increase the energy efficiency of the structure.
- \_\_\_\_\_ 4. Notify the DNR Wetlands Manager before starting the project
- \_\_\_\_\_ 5. HUD Rules (24 CFR Part 51, s. 51.202 (a)) prohibit the approval of assistance for a project which will increase the number of people exposed to a hazard, and is located at less than the acceptable separation distance from a hazard, unless mitigating measures are implemented or are already in place. Contact the Environmental Manager (telephone: 414-286-8682).
- \_\_\_\_\_ 6. HUD Rules (24 CFR 51, Subpart D., s. 51.303) prohibit any rehabilitation assistance, subsidy, or insurance for structures on **Airport Runway Clear Zones** that will be frequently used by people.
- \_\_\_\_\_ 7. Notify and obtain clearance from the **Fish & Wildlife Service**, U.S. Department of the Interior, Green Bay, WI (telephone: 920-866-1737) before proceeding with the project.

OTHER COMMENTS: EXTERNAL WORK REQUIRES A CERTIFICATE OF  
APPROPRIATENESS - SEE HP STAFF

CH  
7/19/09