



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)

PHS #56492

ADDRESS OF PROPERTY:

2430 ~~603~~ N. SHEERMAN BLVD, MILWAUKEE, WI

2. NAME AND ADDRESS OF OWNER:

Name(s): BRIDGET ~~MILWAUKEE, WI~~ BANNON

Address: 603 N. STORY 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):

Address:

City: State: ZIP Code:

Email:

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

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)

Replace roof on house + garage. No changes to structure

Photo No. _____

Drawing No. _____

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

TIMBERLINE ARCHITECTURAL DIMENSIONAL SHINGLES
"BARKWOOD" - Discussed the color with Paul already

Photo No. _____

Drawing No. _____

6. SIGNATURE OF APPLICANT:

Bridget Bannon
Signature

BRIDGET BANNON
Print or type name

4/7/09
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: _____ or
Historic Preservation Division
Department of City Development
809 North Broadway - 1st Floor
Milwaukee, WI

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



