



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)

Schuster Mansion Bed & Breakfast

ADDRESS OF PROPERTY:

3209 W. Wells St

2. NAME AND ADDRESS OF OWNER:

Name(s): Rick & Laura Sue Mosier

Address: 3209 W. Wells St

City: Milwaukee State: WI ZIP 53208

Email: welcome@schustermansion.com

Telephone number (area code & number) Daytime: 414-342-3210 Evening: same

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

Name(s): Bravo Concrete Const, LLC Lues Bravo

Address: 130 W. Stateline Rd

City: Sharon State: WI ZIP Code: 53585

Email: bravo.concrete@yahoo.com

Telephone number (area code & number) Daytime: 414.406.7073 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): _____

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)

As photos show, the driveway is old cement, black top, stone, dirt. The approach is on the ~~west~~ ^{south} end of the property. Asking to move the approach 20 ft north leaving the old approach. This reason, with the new garden being installed, guest will park facing south instead of facing north.

Photo No. _____

Drawing No. _____

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

Attached (10)

Photo No. _____

Drawing No. _____

6. SIGNATURE OF APPLICANT:

Laura Sue Mosier
Signature

Laura Sue Mosier
Print or type name

April 7, 2017
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