



CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.
Please print legibly.

RECEIVED
MAY 16 2017

1. **HISTORIC NAME OF PROPERTY OR HISTORIC DISTRICT:** (if known)

Water Tower District

ADDRESS OF PROPERTY:

2728 E Bradford Ave

2. **NAME AND ADDRESS OF OWNER:**

Name(s): Jodena M. Searl

Address: 2728 E Bradford Ave

City: Milwaukee

State: WI

ZIP: 53211

Email: searljodi@yahoo.com

Telephone number (area code & number) Daytime: 4148401234 Evening: 4148401234

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:** (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:

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

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

✓ A digital copy of the photos and drawings is also requested.

✓ Material and Design Specifications (see next page)

B. NEW CONSTRUCTION ALSO REQUIRES:

✓ Floor Plans (1 full size and 1 reduced to a maximum of 11" x 17")

✓ 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.

Removal of existing one car, aluminum-sided, asphalt shingled garage that has greatly deteriorated and has structural issues. To be replaced with two-car, sided, asphalt shingled garage (24'x24') in period appearance, complementary to the two-car, sided garage erected on easement sharing neighbors property. Garage will be placed at the rear of the house and will not be visible from the street.

6. **SIGNATURE OF APPLICANT:**

Signature

Jodena M. Seart
Please print or type name

Date

*3/14/17 / Resubmitted
5/16/17*

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.

SUBMIT

This map is a user generated static output from an Internet mapping site and is for reference only. Data layers that appear on this map may or may not be accurate, current, or otherwise reliable.

