



## 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)

CONCORDIA

ADDRESS OF PROPERTY:

3002 W STATE ST

2. NAME AND ADDRESS OF OWNER:

Name(s): PATRICK KENNELLY EMILY MALLOY

Address: 3002 W STATE ST

City: MILW

State: WI

ZIP: 53208

Email: kenellyp@gmail.com

Telephone number (area code & number) Daytime: ~~414 288 8944~~ Evening:

(312) 206 6023

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

Name(s): CARLO GIOMBI

Address: 3161 N 106 ST

City: WAUKESHA

State: WI

ZIP Code: 53222

Email: cjiombi@gmail.com

Telephone number (area code & number) Daytime: 414 570 5160 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.

Complete replacement of windows including interior and exterior trim. — On all three sides of enclosed porch.

Install new baseboards to match the original style in the house.

All windows will be Marvin Clad Ultimate double hung units.

6. SIGNATURE OF APPLICANT:

Signature

CARLO GIOMBI

Please print or type name

Date

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](http://www.milwaukee.gov/hpc)

Or click the **SUBMIT** button to automatically email this form for submission.

**SUBMIT**