



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)

Uihlein Townhomes

ADDRESS OF PROPERTY:

3316 N. Lake Drive

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

Name(s): Christopher Walter

Address: 3316 North Lake Drive

City: Milwaukee

State: WI

ZIP: 53211

Email: sandycwalter@gmail.com

Telephone number (area code & number) Daytime: 4145593516

Evening: _____

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:

1 _____ 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.

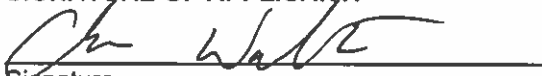
I purchased the condo in June 2017. The window on the 3rd floor is broken and needs to be replaced.

It is currently a vinyl / aluminum type of material and i'd like to get it replaced with the same exact window since it technically perfectly matches my neighbors adjoining 3rd floor window at 3314 North Lake Drive. He will not change his since it is not broken.

My ask is to replace with the exact same white window to match given i purchased the house with it in there already and a different window would not match my neighbors.

Picture attached.

6. SIGNATURE OF APPLICANT:


Signature

Christopher Walter

Please print or type name

4-10-18

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 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

hpc@milwaukee.gov

www.milwaukee.gov/hpc

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

SUBMIT