

## CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

	RESS OF PROPERTY: N Lake DR		
NAM	E AND ADDRESS OF OWNER	<b>R:</b>	
Hann	e(s) John Andrew Klemen Trust		
Addr	ess: 312 E Buffalo ST, Suite 300		
City:	Milwaukee	State: WI	ZIP: 53202
Emai	eastwisconsin@gmail.com		
Telep	ohone number (area code & nur	mber) Daytime: 920-559-6125	5 Evening:
	eastwisconsin@gmail.com	State: WI	
	e(s): Rick Langdon ess: 2415 S Logan Avenue	PRINCATION CANACIT	
City:	Milwaukee	State: WI	ZIP Code: 53207
Emai	eastwisconsin@gmail.com	remark to a management of the	1
		000 5550 045	Evening:
Telep	phone number (area code & nur	mber) Daytime: 920-5559-615	
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## 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.

Due to failure of the existing brick facade on the north side of the building, we would like to remove and replace the existing brick.

Although we would like to reuse as much of the existing brick as possible, this would be improbable, due the condition of some of the brick. Also, the brick is very brittle and chips easily.

The area is approximately 28' wide and 21' tall and there is a gable which extends higher for a portion of this

We would like to propose reusing as much of the existing brick as possible, as tall as possible and then going to the same brick that was used on the south wall that was replaced in 2017. With any luck, the replacement brick would be only used at the gable itself.

The mortar to be used would be site mixed using portland cement, lime and sand to match the mortar that was used in 1925.

The brick that was used on the south wall has to be ordered approximately five, or six weeks prior to delivery, so we want to make sure we have enough on hand to complete the project in a timely manor. Being that scaffolding would have to be placed encroaching the neighbor's driveway, we have discussed options with them to lessen the inconvenience.

This property was neglected by the previous owner for more than thirty years and we are trying to stay on top of much needed maintanence and repairs as much as possible.

As in the past, we have looked to Tim Askins in the preservation department for guidance.

6,	SIGNATURE OF APPLICANT: Signature	· · · · · · · · · · · · · · · · · · ·	
	Rick Langdon	2-27-18	
	Please print or type name	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

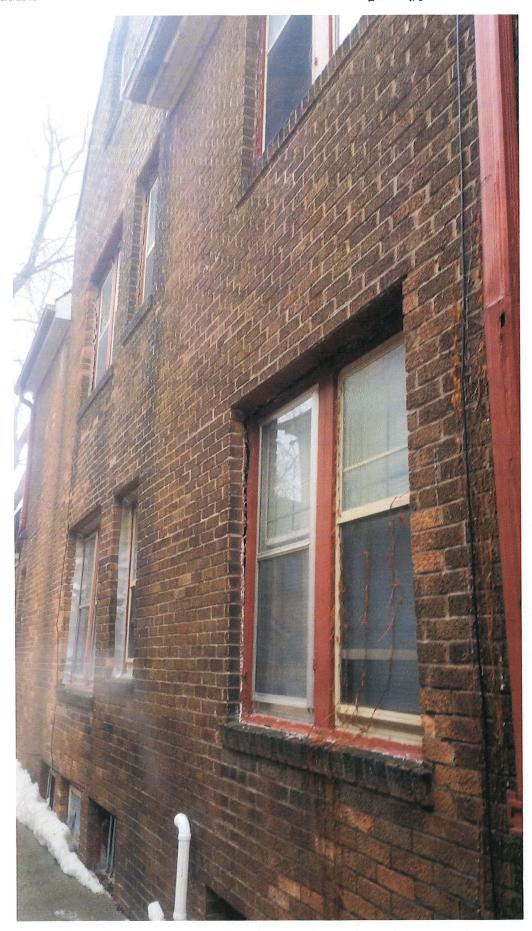
PHONE: (414) 286-5722

hpc@milwaukee.gov

www.milwaukee.gov/hpc

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

SUBMIT





https://mail.google.com/mail/ca/u/0/#search/Tim.Askin%40milwaukee.gov/161af91ef4c49d30?projector=1&messagePartId=0.3

