



CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

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

4/15

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

ADDRESS OF PROPERTY: 2581 N Terrace

2. NAME AND ADDRESS OF OWNER:

Name(s): S Labadie

Address: 2581 N Terrace

City: _____ State: _____ ZIP: 53211

Email: Love my dawgs @ icloud on file

Telephone number (area code & number) Daytime: 414-458-0013 Evening: ditto 7pm

No calls after 7pm

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

Name(s): Self / Brighter Concepts Ltd c/o Keith Johnson

Address: 1706 E Capital Dr

City: Shorewood State: WI ZIP Code: 53211

Email: Brighterconcepts1td.com

Telephone number (area code & number) Daytime: 414-412-4450 Evening: ditto

Pls contact him during normal business hours

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

Project is miniscule - affecting 1% of roof slope surface area.

All info is on file and in HPC's files

see notes

- See photos provided by Tim Askin

+ Tim Askin's annotations etc provided in Staff report created for 9/4/18

presentation; see also materials provided by applicant at 9/4/18

PLEASE NOTE: YOUR APPLICATION CANNOT BE PROCESSED UNLESS BOTH PAGES OF THIS FORM ARE PROPERLY COMPLETED AND SIGNED.

All such info is incorporated herein by reference to avoid waste of resources and duplication

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 via email.

Install 2 sola tube "solar energy systems" pursuant to Wis. Stat. § 66.0401 and 66.0401(m), § 196.378, § 13.48(2)(h) 1.f.

Remove existing roof protrusions & install 2 sola tube model # 290DSn over northfacing Living Room + Dining Room. Locations are optimal, most efficient & most cost effective to serve intended needs.

6. SIGNATURE OF APPLICANT:

Signature

Susan LaBudde

Please print or type name

Date

8/30/2018

This form and all supporting documentation MUST arrive by 4:00 pm (11:59 pm via email) 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.

Mail or Email Form to:
Historic Preservation Commission
City Clerk's Office
841 N. Broadway, Rm. B1
Milwaukee, WI 53202

PHONE: (414) 286-5712 or 286-5722

hpc@milwaukee.gov

www.milwaukee.gov/hpc

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

SUBMIT