

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

NAME AND ADDRESS OF OWNER: Name(s): Milwaukee County (Parks) Address: 9480 W Watertown Plank Rd City: Wauwatosa State: WI ZIP: 53226 Email: Blake.Prusak@milwaukeecountywi.gov Telephone number (area code & number) Daytime: (414) 257-7275 Evening: APPLICANT, AGENT OR CONTRACTOR: (if different from owner) Name(s): Noffike Roofing Address: 10341 N Granville Rd City: Mequon State: WI ZIP Code: 53097 Email: 90@noffkeroofing.com Telephone number (area code & number) Daytime: 414 374-2265 Evening: 414 374-2 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: Y. Photographs of affected areas & all sides of the building (annotated photos recommed Adjutal Copy of the photos and drawings is also requested. Material and Design Specifications (see next page) B. NEW CONSTRUCTION ALSO REQUIRES:		RESS OF PROPERTY:		
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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 via email.

ROOF SYSTEM. [ora The ELL IONA With a New Membrane Roof sustem. GATERS win be Re-used with the (1) Chater on the real of the Leaks in the that's causel continual Winter Months, the necessary Intake venting Will be Included Along Lower Edges to Accomplate the Men Hic Exhaust Jents AT the Peak of the roof. New Ilsolation will be installed Beneath the now memorane on the Real LOW- Slage ROOF prea To Also help Prevent ELLOSSIVE I'VE DAMMING AND Londenshion that's been occurring In this Alpa. The new ilour system will Be cosmetically similar to the existing Rook system, However, all Premium Products and Components will be Installed Involve IS A copy of our contract which letails the score of work. PLEASE EXPEDITE the actails the score Process as we are Schabled to Start the 2007 Replacement within the nort course weeks.

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Signature	

Garrett O'Marrah

Please print or type name

03/27/2020

Date

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.

