



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)

HISTORIC CONCORDIA NEIGHBORHOOD

ADDRESS OF PROPERTY:

1009/11 N. 33RD ST.

2. NAME AND ADDRESS OF OWNER:

Name(s): FOREST COUNTY POTAWATOMI COMMUNITY

Address: 3215 W. STATE ST. #300

City: MILWAUKEE State: WI ZIP: 53208

Email: ~~joe~~ joe.tesch@potawatombdc.com

Telephone number (area code & number) Daytime: 414-290-9487 Evening: 414-248-1545

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

Name(s): WGBEMA LEASING LLC.

Address: 3215 W. STATE ST. #300

City: MILWAUKEE State: WI ZIP Code: 53208

Email: ~~joe~~ joe.tesch@potawatombdc.com

Telephone number (area code & number) Daytime: 414-290-9487 Evening: 414-248-1545

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.

X

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 via email.

Replacement of clapboards & trim to match existing. S4S cedar and pine in like of what was rotten and damaged. Metal flashing added at box sill and windows in lieu of old caulked areas that kept water in and promoted more rot. All materials follow previous COA's acquired on previous larger projects on the block.

6. SIGNATURE OF APPLICANT:


Signature
JOSEPH R. TESCH
Please print or type name

5-4-2020
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.

SUBMIT