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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)

NAME AND ADDRESS OF OW	NER:	
Name(s):530 NORTH WATER LLC		
Address: 1123 S 25TH ST		
City: Milwaukee	State: WI	ZIP: 53204
Email:		
Telephone number (area code &	number) Daytime:	Evening:
Name(s): Greg Schumacher	TRACTOR: (if different from owner)	
Name(s): Greg Schumacher		
Name(s): Greg Schumacher Address: 13700 West Greenfield A	venue	
Name(s): Greg Schumacher Address: 13700 West Greenfield A City: Brookfield	venue State: <u></u>	
Name(s): Greg Schumacher Address: 13700 West Greenfield A City: Brookfield Email: greg@cityscapearchitecture	venue State: <u></u>	ZIP Code: 53005
Name(s): <u>Greg Schumacher</u> Address: <u>13700 West Greenfield A</u> City: <u>Brookfield</u> Email: <u>greg@cityscapearchitecture</u> Telephone number (area code &	venue State: <u>WI</u> .com number) Daytime: <u>262-370-5865</u> jects can vary in size and scope, plea	ZIP Code: 53005

- Sketches and Elevation Drawings (1 full size and 1 reduced to $11^{\circ} \times 17^{\circ}$ or $8 \frac{1}{2}^{\circ} \times 11^{\circ}$) 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 <u>BOTH PAGES</u> 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.

Removal of existing vinyl double hung windows with: We would like the option to choose either of these window units based on up coming bids Kawneer 5450 single hung window See attached cut sheets or Anderson E-Series double hung exterior clad window See attached cut sheets. Color to be anodized black

6. SIGNATURE OF APPLICANT:

Signature Please print or type name

3-30-21

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.

