



## 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)

ADDRESS OF PROPERTY: 3047 N SHERMAN BLVD  
MILWAUKEE, WI 53210

2. NAME AND ADDRESS OF OWNER:

Name(s): LAKIA JONES

Address: 3047 N SHERMAN BLVD

City: MILWAUKEE State: WI ZIP: 53210

Email:

Telephone number (area code & number) Daytime:

Evening:

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

Name(s): KING MARKETING HOME IMPROVEMENT

Address: 6090 N. 35TH ST. SUITE 200M

City: MILWAUKEE State: WI ZIP Code: 53209

Email: CONTACTUS@KINGMARKETINGHOMEIMPROVEMENT.COM

Telephone number (area code & number) Daytime:

Evening:

833.877.3400

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

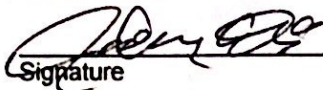
**PLEASE NOTE: YOUR APPLICATION CANNOT BE PROCESSED UNLESS  
BOTH PAGES OF THIS FORM ARE PROPERLY COMPLETED  
AND SIGNED.**

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 ASPHALT SHINGLE...  
REPLACING WITH ASPHALT SHINGLE  
TIMBERLINE HDZ SHINGLES - COLOR ~~BE~~ CHARCOAL  
ONE DAY OF WORK  
18 1/2 SQ OF ROOF ON HOUSE DWELLING ONLY

6. SIGNATURE OF APPLICANT:

 C.E.O.  
Signature

Please print or type name

DANNY KING C.E.O.

Date

11/05/2021

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) 286-5712 or 286-5722

[www.milwaukee.gov/hpc](http://www.milwaukee.gov/hpc)

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

6/22/12