



CERTIFICATE OF APPROPRIATENESS
APPLICATION FORM FOR PROPERTIES IN THE
THIENSVILLE HISTORIC DISTRICT

Applicant: HAROLD SCHWELL

Name of Business: _____

Street Address: 153-5 N 63RD City: WI State: WI Zip: 53092

Home Phone: 262242004 Cell Phone: 414 581 7065 Business Phone: _____

Email: bicyclesbud@yahoo.com

Property Owner: HWSchwelld

Mailing Address: 8111 W ~~3rd~~ Sunnyvale

City: Mequon State: WI Zip: 53094

Contact Phone Number: 414 581 7065

Description of Project: Replace 1/2 Roof

Material, color and impact on existing feature: (INCLUDE COLOR SAMPLES) and photos or sketches and include specifications.

Asphalt dark Grey

Proposed Sign(s): Wall Monument/Ground Pole Projecting Marquee, Awning or Canopy

Sandwich Board Directional Sign (Please attach 9 copies of colored sign for HPC including size dimensions, material, and placement of sign)

Signature of Applicant: [Signature] Date: 6-10-2020
Print Name: _____



Thiensville Historic Preservation Commission: Project Approved Project Not Approved

Commission Signature: _____ Date: _____

(Comments/Stipulations from HPC): _____

262-346-4577 SAFEbuilt	WI UNIFORM PERMIT APPLICATION hartfordinspections@safebuilt.com <i>Inspections need to be called in by 4 pm for next business day inspections.</i>	PERMIT NO. _____ TAXKEY# _____																					
ISSUING MUNICIPALITY OF <u>Hartford</u> COUNTY: <u>DC</u>	<input type="checkbox"/> TOWN <input checked="" type="checkbox"/> VILLAGE <input type="checkbox"/> CITY PROJECT LOCATION (Building Address) <u>153-7 N Green Bay Rd</u>	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE & TWO FAMILY																					
	PROJECT DESCRIPTION <u>Roof</u>																						
Owner's Name <u>Harold Schniel</u>	Mailing Address - Include City & Zip <u>53091</u>	Telephone - Include Area Code _____																					
Construction Contractor (DC Lic No.) _____	Mailing Address - Include City & Zip _____	Telephone - Include Area Code _____																					
Dwelling Contractor Qualifier (DCQ Lic No.) _____	Dwelling Contractor Qualifier shall be an owner, CEO, COB, or employee of Dwelling Contractor	Telephone - Include Area Code _____																					
Plumbing Contractor (Lic No.) _____	Mailing Address - Include City & Zip _____	Telephone - Include Area Code _____																					
Electrical Contractor (Lic No.) _____	Mailing Address - Include City & Zip _____	Telephone - Include Area Code _____																					
HVAC Contractor (Lic No.) _____	Mailing Address - Include City & Zip _____	Telephone - Include Area Code _____																					
PROJECT INFORMATION																							
Zoning District _____	Lot Area _____ Sq. Ft.	Subdivision Name _____																					
		Lot No. _____ Block No. _____																					
	N.S.E.W. Setbacks	Front _____ Ft. Rear _____ Ft.																					
		Left _____ Ft. Right _____ Ft.																					
1a. PROJECT	3. TYPE	6. STORIES																					
<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Raze <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Other <u>Roof</u>	<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi <input type="checkbox"/> Commercial	<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other																					
1b. GARAGE	4. CONST. TYPE	7. FOUNDATION																					
<input type="checkbox"/> Attached <input type="checkbox"/> Detached	<input type="checkbox"/> Site Constructed <input type="checkbox"/> Mfd. UDC <input type="checkbox"/> Mfd. HUD	<input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> ICF <input type="checkbox"/> Other _____																					
2. AREA	5. ELECTRICAL	8. USE																					
Basement _____ Sq. Ft. Living Area _____ Sq. Ft. Garage _____ Sq. Ft. Other _____ Sq. Ft. TOTAL _____	Entrance Panel Size: _____ amp Service: <input type="checkbox"/> New <input type="checkbox"/> Rewire _____ Phase _____ Volts <input type="checkbox"/> Underground <input type="checkbox"/> Overhead Power Company: _____	<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other _____																					
		10. PLUMBING																					
		<input type="checkbox"/> Sewer <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Septic No. _____																					
		11. WATER																					
		<input checked="" type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well																					
		12. ENERGY SOURCE																					
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Fuel</th> <th>Nat. Gas</th> <th>L.P.</th> <th>Oil</th> <th>Elec. *</th> <th>Solid</th> <th>Solar</th> </tr> <tr> <td>Space Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Water Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Fuel	Nat. Gas	L.P.	Oil	Elec. *	Solid	Solar	Space Htg	<input type="checkbox"/>	Water Htg	<input type="checkbox"/>										
Fuel	Nat. Gas	L.P.	Oil	Elec. *	Solid	Solar																	
Space Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	
Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	
		* <input type="checkbox"/> Dwelling unit will have 3 kilowatt or more installed electric space heater equipment capacity.																					
		13. HEAT LOSS (Calculated)																					
		Total _____ BTU/HR																					
		14. ESTIMATED COST																					
		\$ <u>10,000</u>																					
<p>I understand that I: am subject to all applicable codes, laws, statutes and ordinances, including those described on the Notice to Permit Applicants form; am subject to any conditions of this permit; understand that the issuance of this permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If one acre or more of soil will be disturbed, I understand that this project is subject to ch. NR 151 regarding additional erosion control and stormwater management and the owner shall sign the statement on the Notice to Permit Applicants form. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.</p> <p><input type="checkbox"/> I vouch that I am or will be an owner-occupant of this dwelling for which I am applying for an erosion control or construction permit without a Dwelling Contractor Certification and have read the cautionary statement regarding contractor responsibility on the Notice to Permit Applicants form.</p>																							
APPLICANT (PRINT): <u>HAROLD SCHNIEL</u> SIGN: <u>[Signature]</u> DATE: <u>9/10/11</u>																							
APPROVAL CONDITIONS This permit is issued pursuant to the attached conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Owner/Builder solely responsible for compliance with all applicable State & Local Building and Zoning codes.																							
INSPECTIONS NEEDED Building <input type="checkbox"/> Footing <input type="checkbox"/> Foundation <input type="checkbox"/> Rough <input type="checkbox"/> Insulation <input type="checkbox"/> Bsmt. Fl. <input type="checkbox"/> Final Electric <input type="checkbox"/> Rough <input type="checkbox"/> Service <input type="checkbox"/> Final Plumbing <input type="checkbox"/> Rough <input type="checkbox"/> Underfloor <input type="checkbox"/> Final HVAC <input type="checkbox"/> Rough <input type="checkbox"/> Final																							
FEES:	PERMIT(S) ISSUED	SEAL NO. _____ Municipality No. _____																					
Building Fee _____ Zoning Fee _____ WI Seal _____ Electric Fee _____ Plumbing Fee _____ HVAC Fee _____ Adm. Fee _____ Other _____ Total _____	Bldg. # At top of form _____ Zoning # _____ Elec. # _____ Plmb. # _____ HVAC # _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>RECEIPT</th> <th>PERMIT EXPIRATION:</th> <th>PERMIT ISSUED BY MUNICIPAL AGENT:</th> </tr> <tr> <td>CK # _____</td> <td rowspan="5">Permit expires two years from date issued unless municipal ordinance is more restrictive.</td> <td>Name _____</td> </tr> <tr> <td>Amount \$ _____</td> <td>Date _____</td> </tr> <tr> <td>Date _____</td> <td>Certification No. _____</td> </tr> <tr> <td>From _____</td> <td></td> </tr> <tr> <td>Rec By. _____</td> <td></td> </tr> </table>	RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT:	CK # _____	Permit expires two years from date issued unless municipal ordinance is more restrictive.	Name _____	Amount \$ _____	Date _____	Date _____	Certification No. _____	From _____		Rec By. _____								
RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT:																					
CK # _____	Permit expires two years from date issued unless municipal ordinance is more restrictive.	Name _____																					
Amount \$ _____		Date _____																					
Date _____		Certification No. _____																					
From _____																							
Rec By. _____																							