



E-PERMITS 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)

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ADDRESS OF PROPERTY: 2722 N MARTIN L KING JR DR

2. NAME AND ADDRESS OF OWNER:

Name(s): Milwaukee Metro Management

Address: PO box 72007

City: MILWAUKEE WI State: WI ZIP Code: 53212

Telephone number (area code & number): unlisted

Fax:

Email Address:

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

Name(s): AIRMASTERS HEATING & A/C LLC

Address: 3772 E Pulaski

City: CUDAHY State: WI ZIP Code: 53110

Telephone number (area code & number): (414) 788-9275

Fax:

Email Address: jsurrairmasters@yahoo.com

4. DESCRIPTION OF PROJECT:

A. Describe all existing features that will be affected by proposed work. Please specify the condition of materials, design, and dimensions of each feature (additional pages may be attached) Describe all proposed work, materials, design, dimensions and construction technique to be employed (additional pages may be attached)

replace roof tops

5. ELECTRONIC SIGNATURE:

AIRMASTERS HEATING & A/C LLC 1/1/0001

Name

Date

PHONE: (414) 286-5712

FAX: (414) 286-0232