



## 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)

Lewis W. Bond House

**ADDRESS OF PROPERTY:**

2017 N Terrace Ave., Milwaukee, WI 53202

2. **NAME AND ADDRESS OF OWNER:**

Name(s): Shutter House of Cape Coral LLC - Maura Otzko

Address: 4413 NW 22nd St.

City: Cape Coral

State: FL

ZIP: 33993

Email: maotzko@aol.com

Telephone number (area code & number) Daytime: 239-898-7415 Evening: N/A

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

Name(s): Nimmer Heating

Address: 6530 W Forest Home Ave.

City: Milwaukee

State: WI

ZIP Code: 53220

Email: malinda@nimmerheating.com

Telephone number (area code & number) Daytime: 414-543-3626 Evening: N/A

4. **ATTACHMENTS:** (Because projects can vary in size and scope, please call the HPC Office at 414-286-5712 or 414-286-5722 for submittal requirements)

**A. REQUIRED FOR MAJOR PROJECTS:**

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Digital photographs of affected areas & all sides of the building

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Sketches and Elevation Drawings in PDF form. New construction, major storefront remodels, etc., must provide one set of D or E size drawings and sections

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Material and Design Specifications (please attach)

**B. NEW CONSTRUCTION ALSO REQUIRES:**

Floor Plans (show fenestration and approximate wall locations, final floor plans are not required)

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.**

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.

We will be installing 2 mini split systems, 1 for each floor. Both outdoor condensers will be located on the south side of building. Indoor Cassettes will be located on south wall of 1st floor bedroom (next to bathroom), west wall of southwest 1st floor bedroom, south wall of 2nd floor bedroom (next to bathroom), and west wall of southwest 2nd floor bedroom. Both outdoor units will be Bryant 37M6RAQ24 2 ton units. All indoor cassettes will be Bryant 615AHAQ06 12 ton units. There will be a bush planted to hide outdoor units from street.

6. **SIGNATURE OF APPLICANT (owner signature required for demolition):**

  
Signature

Malinda Erdmann  
Please print or type name

4/14/25  
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.

**Email Form to:** [hpc@milwaukee.gov](mailto:hpc@milwaukee.gov)

Historic Preservation Commission  
841 N. Broadway, Rm. B1  
Milwaukee, WI 53202

**PHONE:** (414) 286-5712 or 286-5722

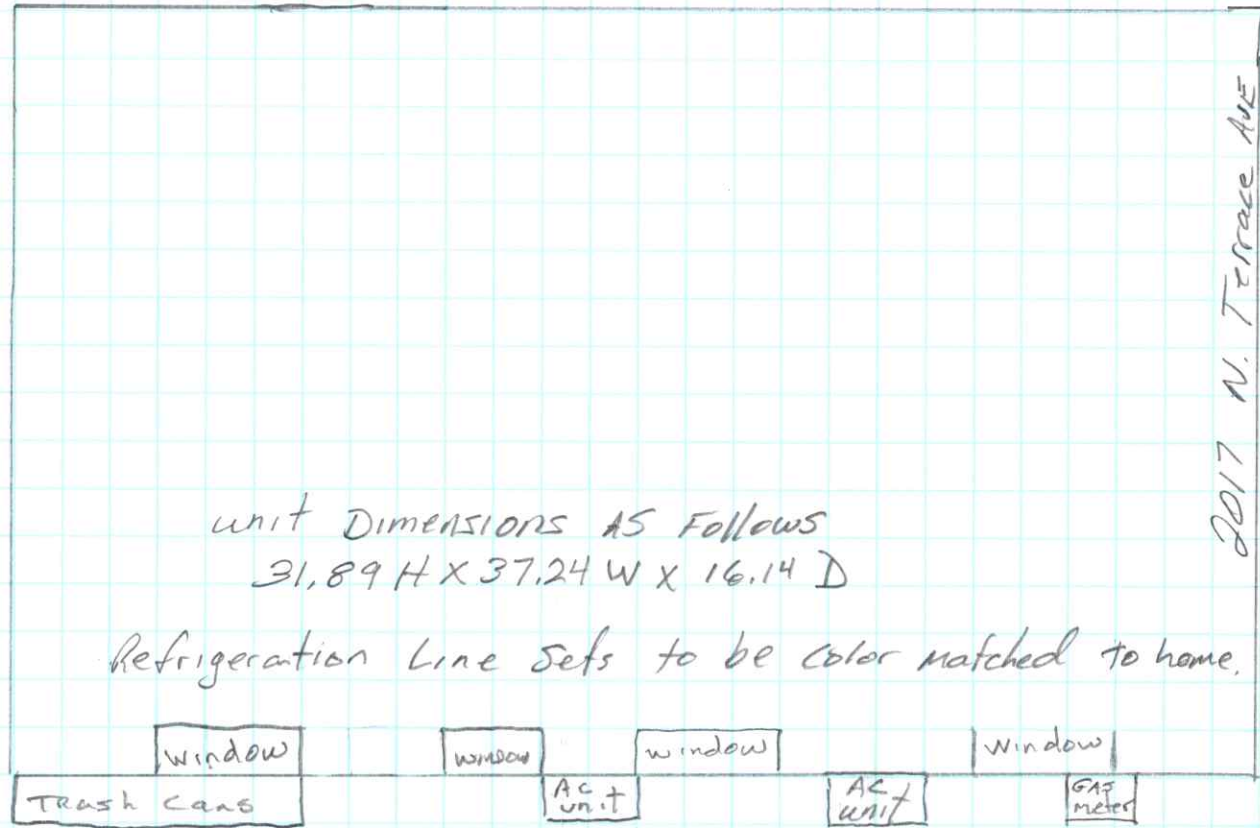
[www.milwaukee.gov/hpc](http://www.milwaukee.gov/hpc)

Or click the **SUBMIT** button to automatically email this form, if using an app such as Outlook or Apple Mail. The submit button does not work with web-based email interfaces.

**SUBMIT**

Otzko Residence  
N

W



2017 N. Terrace Ave

○ New bush to be planted

N TERRACE AVE.

E

DRIVE WAY

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