



## 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: 1103 N OLD WORLD THIRD ST

2. NAME AND ADDRESS OF OWNER:

Name(s): OLD WORLD DEV LLC

Address: 117 N JEFFERSON ST. STE 200

City: MILWAUKEE WI State: WI ZIP Code: 53202

Telephone number (area code & number): unlisted

Fax:

Email Address:

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

Name(s): JUST SERVICE INC

Address: PO Box 26537

City: Milwaukee State: WI ZIP Code: 53226

Telephone number (area code & number): (262) 886-2365

Fax:

Email Address:

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 (2) 5 ton condensing Units

5. ELECTRONIC SIGNATURE:

JUST SERVICE INC 1/1/0001

Name

Date

PHONE: (414) 286-5712

FAX: (414) 286-0232