



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)

1

ADDRESS OF PROPERTY: 1837 N 1ST ST

2. NAME AND ADDRESS OF OWNER:

Name(s): JEFF T HEATH

Address: 1837 N 1ST ST

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): ROZGA PLUMBING & HEATING CORP

Address: 1529 S 113TH ST

City: WEST ALLIS State: WI ZIP Code: 53214

Telephone number (area code & number):

Fax:

Email Address: jcokain@rozgacorp.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)

AC replacement

5. ELECTRONIC SIGNATURE:

ROZGA PLUMBING & HEATING CORP 1/1/0001

Name Date

PHONE: (414) 286-5712 FAX: (414) 286-0232