



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)

ADDRESS OF PROPERTY:

4366,4369,4401,4407,4447 N 26th. 4423,4431,4437/4441,4481 N 25th. 2614 W port sunlight

2. NAME AND ADDRESS OF OWNER:

Name(s): BCM LLC

Address: 1603 Orrington Suite450

City: Evanston

State: IL

ZIP: 60201

Email: _____

Telephone number (area code & number) Daytime: _____

Evening: _____

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

Name(s): Devix Heating

Address: 6316 W Burnham st

City: west allis

State: wi

ZIP Code: 53219

Email: devixheating@gmail.com

Telephone number (area code & number) Daytime: 414-628-3993

Evening: _____

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

A. REQUIRED FOR MAJOR PROJECTS:

_____ Photographs of affected areas & all sides of the building (annotated photos recommended)

_____ Sketches and Elevation Drawings (1 full size and 1 reduced to 11" x 17" or 8 1/2" x 11")
A digital copy of the photos and drawings is also requested.

_____ Material and Design Specifications (see next page)

B. NEW CONSTRUCTION ALSO REQUIRES:

_____ Floor Plans (1 full size and 1 reduced to a maximum of 11" x 17")

_____ 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
AND SIGNED.**

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.

Install new furnaces in basements with duct, 2" PVC terminate out the sidewalls, not the front yard,,
Install AC units outside not in front yard

6. SIGNATURE OF APPLICANT:

Signature

Defrim Isaj _____
Please print or type name

6/20/2023 _____
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.

Mail or Email Form to:
Historic Preservation Commission
City Clerk's Office
841 N. Broadway, Rm. B1
Milwaukee, WI 53202

PHONE: (414) 286-5712 or 286-5722 hpc@milwaukee.gov www.milwaukee.gov/hpc

Or click the SUBMIT button to automatically email this form for submission.

SUBMIT