



# 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:

2637 N SUMMIT AVE

2. NAME AND ADDRESS OF OWNER:

Name(s): MARK PLOTKIN

Address: 2637 N SUMMIT AVE

City: MILWAUKEE

State: WI

ZIP: 53211

Email: nspktr@aol.com

Telephone number (area code & number) Daytime: 414-573-7453

Evening: SAME

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

Name(s): DONOVAN & JORGENSON HEATING AND COOLING

Address: 5420 W ELECTRIC AVE

City: WEST ALLIS

State: WI

ZIP Code: 53219

Email: BREE@DONOVANJORGENSON.COM, JOSHUA@DONOVANJORGENSON.COM

Telephone number (area code & number) Daytime: 414-727-1004

Evening: 262-389-6246

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.

X 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.

WE ARE ADDING A MINI SPLIT HEAT PUMP TO THE 3RD FLOOR WITH 1 HEAD LOCATED ON THE 3RD FLOOR INTERIOR  
ALL LINES WILL BE RUN IN THE BUILDING WITH THE EXCEPTION OF THE CONNECTION AT THE OUTDOOR A/C UNIT WHICH IS TO BE LOCATED ON THE SIDE OF THE HOME (WEST/SOUTHWEST SIDE) BEHIND A FENCE

6. **SIGNATURE OF APPLICANT:**

  
Signature

JOSHUA JANOZ  
Please print or type name

9/25/2023  
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](mailto:hpc@milwaukee.gov)

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

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

**SUBMIT**