



## 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: 2605 N SUMMIT AV

2. NAME AND ADDRESS OF OWNER:

Name(s): JAMES C STEARNS & AGNES H HW

Address: 2605 N SUMMIT AVE

City: MILWAUKEE WI State: WI ZIP Code: 53211

Telephone number (area code & number): unlisted

Fax:

Email Address:

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

Name(s): A.C.A Ice Refridgeration

Address: 4915 Romans Way

City: Colgate State: WI ZIP Code: 53017

Telephone number (area code & number): (414) 915-0018

Fax:

Email Address: b.kenney@charter.net

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)

remove and replace air cond. system

5. ELECTRONIC SIGNATURE:

A.C.A Ice Refridgeration 1/1/0001

Name Date

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