

E-PERMITS CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review. Please print legibly.

HISTORIC NAME OF PROPERTY OR HISTORIC DISTRICT: (if known)

ADDRESS OF PROPERTY: 140 E VINE ST

2. NAME AND ADDRESS OF OWNER:

Name(s): PAMELA J GARVEY

Address: 4523 S SHERIDAN DR

City: CUDAHY WI State: WI ZIP Code: 53110

Telephone number (area code & number):

(414) 333-5837

Fax:

Email Address:

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

Name(s):

AFFORDABLE HEATING & A/C INC

Address:

4630 S KINNICKINNIC AVE

City:

CUDAHY State: WI ZIP Code: 53110

Telephone number (area code & number):

Fax:

Email Address: htgpictures@yahoo.com

DESCRIPTION OF PROJECT: 4.

Describe all existing features that will be affected by proposed work. Please specify the condition of materials, A. 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)

Install a gas furnace and space heater We will need to install PVC pipes out the side of the home and they will be painted to match the color of the home. We will also need to install a B-vent through the roof for the space heater on the second floor.

ELECTRONIC SIGNATURE: 5.

AFFORDABLE HEATING & A/C INC

1/1/0001

Name

Date

PHONE: (414) 286-5712

FAX: (414) 286-0232