



# 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:**

2360 North Terrace Avenue, Milwaukee, WI 53211 USA

**2. NAME AND ADDRESS OF OWNER:**

Name(s): Paul Burgess

Address: 2360 North Terrace Ave

City: Milwaukee

State: WI

ZIP: 53211

Email: p.burgess@hotmail.com

Telephone number (area code & number) Daytime: 414-659-7660

Evening: \_\_\_\_\_

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

Name(s): Kettle Moraine Heating And Air Conditioning

Address: W325S1767 Mickle Rd

City: Delafield

State: WI

ZIP Code: 53018

Email: kesselman@kmheat.com

Telephone number (area code & number) Daytime: 262-392-9400

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:**

N/a Photographs of affected areas & all sides of the building (annotated photos recommended)

N/a 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.

N/a Material and Design Specifications (see next page)

**B. NEW CONSTRUCTION ALSO REQUIRES:**

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

N/a 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.

Installation of 1:1 Mini split system on the back of the house to provide heating and cooling in the upper level's room.  
Single outdoor unit mounted on the pad at the back of the house  
Slim outdoor unit is 31" W x 21" H x 11" D

Single indoor wall mounted unit in the room on the upper level  
Lineset, wiring and drainage will be covered by Linehide

**6. SIGNATURE OF APPLICANT:**

  
\_\_\_\_\_  
Signature

*Kurt Eschman*  
\_\_\_\_\_  
Please print or type name

*7/31/24*  
\_\_\_\_\_  
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**