

## CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

ADDRESS OF PROPERTY: 2039 N Palmer St milwawkee 532	9									
2039 N Yal Mer St Millwarker \$32  NAME AND ADDRESS OF OWNER: Name(s): Roger Kochel- Address: 2039 N Palmer St City: Milwarkee State: WI ZIP: 53212  Email: Tkocher@ Www.edu Telephone number (area code & number) Daytime: 414-406-518 Evening: Same  APPLICANT, AGENT OR CONTRACTOR: (if different from owner) Name(s): Aurality Heating, Cooling, El Plumbia + Electrical Address: 2840 N. Brooseld Rd City: Brookfield State: WI ZIP Code: 53045  Email: Www.heating.com Telephone number (area code & number) Daytime: 262-786-4450  Email: Www.heating.com Telephone number (area code & number) Daytime: 262-786-4450  ATTACHMENTS: (Because projects can vary in size and scope, please call the HPC Office at 414-286-5712 or 414-286-5722 for submittal requirements)  A. REQUIRED FOR MAJOR PROJECTS:  Digital photographs of affected areas & all sides of the building  Sketches and Elevation Drawings in PDF form. New construction, major storefront remodels, etc., must provide one set of D or E size drawings and sections  Material and Design Specifications (please attach)  B. NEW CONSTRUCTION ALSO REQUIRES:  Floor Plans (show fenestration and approximate wall locations, final floor plans are not required)  Site Plan showing location of project and adjoining structures and fences	1. H	HISTORIC NAME OF PROPERTY OR HISTORIC DISTRICT: (if known)								
Name(s): Roger Kochet  Address: 2039 N Palmer St  City: Milwaukee State: WI ZIP: 53212  Email: Thocher@ Uwm. edu  Telephone number (area code & number) Daytime: 414-406-5187  Evening: Same  APPLICANT, AGENT OR CONTRACTOR: (if different from owner)  Name(s): Audity Heating, Cooling, FI Plumbig + Electrical  Address: 2840 N. Broosield Rd  City: Brookfield State: WI ZIP Code: 53045  Email: Www. fuelity heating . Com  Telephone number (area code & number) Daytime: 262-786-445  Evening:  ATTACHMENTS: (Because projects can vary in size and scope, please call the HPC Office at 414-286-5712 or 414-286-5722 for submittal requirements)  A. REQUIRED FOR MAJOR PROJECTS:  Digital photographs of affected areas & all sides of the building  Sketches and Elevation Drawings in PDF form. New construction, major storefront remodels, etc., must provide one set of D or E size drawings and sections  Material and Design Specifications (please attach)  B. NEW CONSTRUCTION ALSO REQUIRES:  Floor Plans (show fenestration and approximate wall locations, final floor plans are not required)  Site Plan showing location of project and adjoining structures and fences	Al	DDRESS OF PRO	PERTY: 2039	NP	al mer	St	milw	au Kee	5321	
Email: Tkacker @ Www.edu  Telephone number (area code & number) Daytime: 44-406-548 Evening: Same  APPLICANT, AGENT OR CONTRACTOR: (if different from owner)  Name(s): Qualify Heating, Cooling, El Plumbia + Electrical  Address: 28+0 N. Broofield Rd  City: Brookfield State: Wl ZIP Code: 530+5  Email: Www.gualifyheating.com  Telephone number (area code & number) Daytime: 262-786-4+50  Email: Www.gualifyheating.com  Telephone number (area code & number) Daytime: 262-786-4+50  Evening:  ATTACHMENTS: (Because projects can vary in size and scope, please call the HPC Office at 414-286-5712 or 414-286-5722 for submittal requirements)  A. REQUIRED FOR MAJOR PROJECTS:  Digital photographs of affected areas & all sides of the building  Sketches and Elevation Drawings in PDF form. New construction, major storefront remodels, etc., must provide one set of D or E size drawings and sections  Material and Design Specifications (please attach)  B. NEW CONSTRUCTION ALSO REQUIRES:  Floor Plans (show fenestration and approximate wall locations, final floor plans are not required)  Site Plan showing location of project and adjoining structures and fences	Na	Name(s): Roger Kocher								
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**BOTH PAGES OF THIS FORM ARE PROPERLY COMPLETED.** 

## 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.

1. Replacing HVAC Forced AIT System With New HVAC Heat Pump System 2. New Gutdoor Unit being placed In Same Spat as Existing and In the back yard of home

6.	SIGNATURE OF APPLICANT (owner signature required for demolition):
	and the second

Satternal A. 1

Signature

Please print or type name

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.

**Email Form to:** 

hpc@milwaukee.gov

Historic Preservation Commission 841 N. Broadway, Rm. B1 Milwaukee, WI 53202

PHONE: (414) 286-5712 or 286-5722

www.milwaukee.gov/hpc

Or click the SUBMIT button to automatically email this form, if using an app such as Outlook or Apple Mail. The submit button does not work with web-based email interfaces.

SUBMIT