



**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: 212 E NORTH AV

2. NAME AND ADDRESS OF OWNER:

Name(s): Jay Jones

Address: 212 e. north ave

City: MILWAUKEE WI State: WI ZIP Code: 53212

Telephone number (area code & number): unlisted

Fax:

Email Address:

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

Name(s): XIONG BROS AIR CONDITIONING LL

Address: 5741 N 70TH ST

City: MILWAUKEE State: WI ZIP Code: 53218

Telephone number (area code & number): (414) 559-0764

Fax:

Email Address: KHUE.XIONG@YAHOO.COM

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)

install 5ton trane ac unit. (owner supplied unit and parts). unit located in back of house.

5. ELECTRONIC SIGNATURE:

XIONG BROS AIR CONDITIONING LL 1/1/0001

Name

Date

PHONE: (414) 286-5712

FAX: (414) 286-0232