



## 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: 2768 N SHERMAN BL

2. NAME AND ADDRESS OF OWNER:

Name(s): MARY FULLER

Address: 2768 N SHERMAN BLVD

City: MILWAUKEE WI State: WI ZIP Code: 53210

Telephone number (area code & number): unlisted

Fax:

Email Address:

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

Name(s): BEST CHOICE MECHANICAL LLC

Address: 4867 N 37TH ST

City: MILWAUKEE State: WI ZIP Code: 53209

Telephone number (area code & number): 414-461-6400

Fax: 414-461-8640

Email Address: contact@bestchoicewi.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 gas furnace install a/c

5. ELECTRONIC SIGNATURE:

BEST CHOICE MECHANICAL LLC 1/1/0001

Name

Date

PHONE: (414) 286-5712

FAX: (414) 286-0232