



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)

1

ADDRESS OF PROPERTY: 225 W VINE ST

2. NAME AND ADDRESS OF OWNER:

Name(s): UNITED WAY OF GREATER

Address: 225 W VINE ST

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): JOHNSON CONTROLS INC WISCONSIN

Address: 529 N JACKSON-M75

City: MILWAUKEE State: WI ZIP Code: 53202

Telephone number (area code & number): (262) 844-3094

Fax:

Email Address: russell.h.kloehn@jci.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)

Replace (6) exist. Rooftop Units All of the work is on the roof & out of visual site.

5. ELECTRONIC SIGNATURE:

JOHNSON CONTROLS INC WISCONSIN 1/1/0001

Name _____ Date _____

PHONE: (414) 286-5712 FAX: (414) 286-0232