



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)

Sherman Boulevard

ADDRESS OF PROPERTY:

3277-3279 N Sherman Boulevard

2. NAME AND ADDRESS OF OWNER:

Name(s): Diane Hamiel

Address: 3277 N Sherman Boulevard

City: Milwaukee

State: WI

ZIP: 53216

Email: _____

Telephone number (area code & number) Daytime: _____

Evening: _____

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

Name(s): Affordable Heating & A/C, Inc

Address: 4630 S Kinnickinnic Avenue

City: Cudahy

State: WI

ZIP Code: 53110

Email: kathy@affordablehtg.com

Telephone number (area code & number) Daytime: 414-481-2727

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:

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

_____ 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.

_____ Material and Design Specifications (see next page)

B. NEW CONSTRUCTION ALSO REQUIRES:

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

_____ 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.

We have been contracted by SDC to install (2) +95% gas furnaces into this property. The +95% gas furnaces require PVC venting. We are able to install the venting out the rear of the home with out any view of the street.

6. SIGNATURE OF APPLICANT:

Signature

Kathleen Rasmussen

Please print or type name

5/10/2016

Date

This form and all supporting documentation **MUST** arrive by 12:00 noon 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.

Hand Deliver or Mail Form to:

Historic Preservation Commission
City Clerk's Office
200 E. Wells St. Room B-4
Milwaukee, WI 53202

PHONE: (414) 286-5722

FAX: (414) 286-3004

www.milwaukee.gov/hpc

Or click the SUBMIT button to automatically email this form for submission.

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