



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: 2675 N SUMMIT AV

2. NAME AND ADDRESS OF OWNER:

Name(s): THOMAS H & ANNE W REED

Address: 2675 N SUMMIT AV

City: MILWAUKEE WI State: WI ZIP Code: 53211

Telephone number (area code & number): unlisted

Fax:

Email Address:

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

Name(s): PROSERV PLUMBING & HEATING LLC

Address: 11830 W RIPLEY AVE

City: WAUWATOSA State: WI ZIP Code: 53226

Telephone number (area code & number): (262) 650-1922

Fax: (262) 650-1933

Email Address: proservplumbing@sbcglobal.net

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 new Triangle Tube gas boiler Venting new boiler to outside with PVC piping.

5. ELECTRONIC SIGNATURE:

PROSERV PLUMBING & HEATING LLC 1/1/0001

Name

Date

PHONE: (414) 286-5712

FAX: (414) 286-0232