



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: 3402 W ST PAUL AV

2. NAME AND ADDRESS OF OWNER:

Name(s): SHERRIE S TUSSLER

Address: 3402 W ST PAUL AV

City: MILWAUKEE WI State: WI ZIP Code: 53202

Telephone number (area code & number): unlisted

Fax:

Email Address:

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

Name(s): BINTZ HEATING & SHEET METAL, I

Address: 2729 W CARMEN AVE

City: MILWAUKEE State: WI ZIP Code: 53209

Telephone number (area code & number): (414) 463-6490

Fax:

Email Address: steve@bintzheat.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 furnace, air conditioner, and ductwork./The owner has already spoken with you about this project.

5. ELECTRONIC SIGNATURE:

BINTZ HEATING & SHEET METAL, I 1/1/0001

Name

Date

PHONE: (414) 286-5712

FAX: (414) 286-0232