



## 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: 2134 N TERRACE AV

2. NAME AND ADDRESS OF OWNER:

Name(s): MICHAEL WHITE

Address: PO BOX 245020

City: MILWAUKEE WI State: WI ZIP Code: 53224

Telephone number (area code & number): unlisted

Fax:

Email Address:

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

Name(s): QUALITY HEATING & SHEET METAL

Address: 2840 N BROOKFIELD RD

City: BROOKFIELD State: WI ZIP Code: 53045

Telephone number (area code & number):

Fax:

Email Address: badair@qualityheating.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 AC

5. ELECTRONIC SIGNATURE:

QUALITY HEATING & SHEET METAL 1/1/0001

Name

Date

PHONE: (414) 286-5712

FAX: (414) 286-0232