



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: 2156 N SHERMAN BL

2. NAME AND ADDRESS OF OWNER:

Name(s): DELBERT L UTSEY JR

Address: PO BOX 16904

City: MILWAUKEE WI State: WI ZIP Code: 53216

Telephone number (area code & number): unlisted

Fax:

Email Address:

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

Name(s): NAJACO HOME REPAIRS LLC

Address: 2904 N 50TH ST

City: MILWAUKEE State: WI ZIP Code: 53210

Telephone number (area code & number): 414-333-6070

Fax: 414-871-7287

Email Address: RTW1228@aol.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 furnace and install A/C system (2) Exterior condenser units to be install next to each other on east side of existing garage

5. ELECTRONIC SIGNATURE:

NAJACO HOME REPAIRS LLC 1/1/0001

Name

Date

PHONE: (414) 286-5712

FAX: (414) 286-0232