



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: 2759 N SHERMAN BL

2. NAME AND ADDRESS OF OWNER:

Name(s): DARLENE BLATTNER

Address: 3846 South Oakridge

City: Greenfield State: WI ZIP Code: 53228

Telephone number (area code & number): unlisted

Fax:

Email Address:

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

Name(s): GROSS HEATING INC

Address: 3260 N 126TH ST

City: BROOKFIELD State: WI ZIP Code: 53005

Telephone number (area code & number):

Fax:

Email Address: terrie@grossheating.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 OF GAS FURNACE

5. ELECTRONIC SIGNATURE:

GROSS HEATING INC 1/1/0001

Name

Date

PHONE: (414) 286-5712

FAX: (414) 286-0232