



# 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)

ADDRESS OF PROPERTY:

2831 W McKinley Boulevard

2. **NAME AND ADDRESS OF OWNER:**

Name(s): Sean Carroll

Address: 2831 W McKinley Boulevard

City: Milwaukee

State: WI

ZIP 53208

Email: \_\_\_\_\_

Telephone number (area code & number) Daytime: \_\_\_\_\_ Evening: 414-303-2442

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

Name(s): Affordable Heating & A/C, Inc

Address: 4630 S Kinnickinnic Avenue

City: Cudahy

State: WI

ZIP Code: 53110

Email: kathy@affordablehtg.com

Telephone number (area code & number) Daytime: 414-481-2727 Evening: \_\_\_\_\_

4. **ATTACHMENTS**

**A. REQUIRED FOR ALL PROJECTS:**

Photographs of affected areas & all sides of the building (annotated photos recommended)

Sketches and Elevation Drawings (1 full size and 2 reduced to 11" x 17" or 8 1/2" x 11")

Material and Design Specifications (see next page)

**B. NEW CONSTRUCTION/DEMOLITION ALSO REQUIRES:**

Floor Plans (1 full size and 1 reduced to 11" x 17")

Site Plan showing location of project and adjoining structures and fences

Other (explain):

**PLEASE NOTE: YOUR APPLICATION CANNOT BE PROCESSED UNLESS BOTH PAGES OF THIS FORM ARE PROPERLY COMPLETED.**

**5. DESCRIPTION OF PROJECT:**

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)

We have been contracted by the owner to replace his heating system and he wishes to replace the existing system with a high efficient PVC side wall vented gas furnace. The next-door neighbor has a PVC on his housing facing the side where we are proposing the venting on this home. See picture. The other side of the home would not be as appropriate since this is a corner house and it would face the side street. See picture.

Photo No. \_\_\_\_\_ Drawing No. \_\_\_\_\_

B. Describe all proposed work, materials, design, dimensions and construction technique to be employed (additional pages may be attached)

We would vent the PVC pipe as shown in the picture and would paint them to match the siding to be less noticeable from the street.

Photo No. \_\_\_\_\_ Drawing No. \_\_\_\_\_

**6. SIGNATURE OF APPLICANT:**

Kathleen Rasmussen  
Signature

Kathleen Rasmussen      01082018  
Print or type name                  Date

This form and all supporting documentation **MUST** arrive by 12:00 noon on the deadline date established to be considered at the next Historic Preservation Commission Meeting. Any information not provided to staff in advance of the meeting will not be considered by the Commission during their deliberation. Please call if you have any questions and staff will assist you.

Hand Deliver or Mail Form to:  
Historic Preservation Commission  
City Clerk's Office  
200 E. Wells St. Room B-4  
Milwaukee, WI

**PHONE: (414) 286-5722**

**FAX: (414) 286-3004**

[www.milwaukee.gov/hpc](http://www.milwaukee.gov/hpc)