



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:

1933 NORTH 1ST STREET

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

Name(s): NATE BRENN

Address: 1933 NORTH 1ST STREET

City: MILWAUKEE

State: WI

ZIP: 53212

Email: nathan.brenn@gmail.com

Telephone number (area code & number) Daytime: 262-501-0666

Evening:

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

Name(s): QUALITY HEATING

Address: 2840 NORTH BROOKFIELD RD.

City: BROOKFIELD

State: WI

ZIP Code: 53045

Email: njaeschke@quality-wi.com

Telephone number (area code & number) Daytime: 262-786-4450

Evening:

4. **ATTACHMENTS:** (Because projects can vary in size and scope, please call the HPC Office at 414-286-5712 or 414-286-5722 for submittal requirements)

A. REQUIRED FOR MAJOR PROJECTS:

_____ Digital photographs of affected areas & all sides of the building

_____ Sketches and Elevation Drawings in PDF form. New construction, major storefront remodels, etc., must provide one set of D or E size drawings and sections

_____ Material and Design Specifications (please attach)

B. NEW CONSTRUCTION ALSO REQUIRES:

_____ Floor Plans (show fenestration and approximate wall locations, final floor plans are not required)

_____ Site Plan showing location of project and adjoining structures and fences

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

5. DESCRIPTION OF PROJECT:

Tell us what you want to do. Describe all proposed work including materials, design, and dimensions. Additional pages may be attached via email.

Will Replace Furnace AND A/C WITH NEW
ARMSTRONG ATSCP18V AND A47US2V. ALL
EQUIPMENT TO REMAIN IN SAME LOCATION.
PVC WILL BE REPLACED WITH SCHEDULE 40
PER CODE. ALL WORK IS RETRO-FIT. NO
CHANGES TO LOCATION OR CHANGES TO
EXTERIOR OF HOME.

6. SIGNATURE OF APPLICANT (owner signature required for demolition):

Signature

CHRIS STRUTIKO

Please print or type name

Date

10/31/25

This form and all supporting documentation MUST arrive by 4:00 pm (11:59 pm via email) 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.

Email Form to: hpc@milwaukee.gov

Historic Preservation Commission
841 N. Broadway, Rm. B1
Milwaukee, WI 53202

PHONE: (414) 286-5712 or 286-5722

www.milwaukee.gov/hpc

Or click the SUBMIT button to automatically email this form, if using an app such as Outlook or Apple Mail. The submit button does not work with web-based email interfaces.

SUBMIT