



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: 3041 N SHERMAN BL

2. NAME AND ADDRESS OF OWNER:

Name(s): MARTHA MONROE

Address: 3039 N SHERMAN BLVD

City: MILWAUKEE WI State: WI ZIP Code: 53210

Telephone number (area code & number): unlisted

Fax:

Email Address:

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

Name(s): DMJ SERVICES LLC

Address: 1418 W SAINT PAUL AVENUE

City: MILWAUKEE State: WI ZIP Code: 53233

Telephone number (area code & number): 4142915400

Fax: 4142915393

Email Address: Omar.Beckom@actionwi.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)

Replaced existing boiler with a new boiler. Added a 3 inch hole to allow venting.

5. ELECTRONIC SIGNATURE:

DMJ SERVICES LLC 1/1/0001

Name Date

PHONE: (414) 286-5712 FAX: (414) 286-0232