



# 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)**

Brady Street Historic District

**ADDRESS OF PROPERTY:**

1230 East Brady Street

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

Name(s): JWK Management

Address: 1224 East Brady Street

City: Milwaukee

State: WI

ZIP: 53202

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

Telephone number (area code & number) Daytime: \_\_\_\_\_

Evening: \_\_\_\_\_

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

Name(s): Capital Heating and Cooling (Jason Fox)

Address: 347 E. Lincoln Ave.

City: Milwaukee

State: WI

ZIP Code: 53207

Email: jason@capitalhc.com

Telephone number (area code & number) Daytime: (414) 384-4822

Evening: \_\_\_\_\_

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

**A. REQUIRED FOR MAJOR PROJECTS:**

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

\_\_\_\_\_ Sketches and Elevation Drawings (1 full size and 1 reduced to 11" x 17" or 8 1/2" x 11")  
A digital copy of the photos and drawings is also requested.

\_\_\_\_\_ Material and Design Specifications (see next page)

**B. NEW CONSTRUCTION ALSO REQUIRES:**

\_\_\_\_\_ Floor Plans (1 full size and 1 reduced to a maximum of 11" x 17")

\_\_\_\_\_ 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  
AND SIGNED.**

**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.

Replace existing rooftop HVAC units.

**6. SIGNATURE OF APPLICANT:**

\_\_\_\_\_  
Signature

Jason Fox

\_\_\_\_\_  
Please print or type name

11/02/2015

\_\_\_\_\_  
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 53202

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

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

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

**Or click the SUBMIT button to automatically email this form for submission.**

**SUBMIT**