



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:

2579 N. WAHL AVENUE

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

Name(s): MIKE & CHERYL SORGI

Address: 2579 N. WAHL AVENUE

City: MILWAUKEE

State: WI

ZIP: 53211

Email:

Telephone number (area code & number) Daytime: 414-963-9998

Evening: 414-963-9998

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

Name(s): BROTHERS CONSOLIDATED AIR CONDITIONING AND HEATING

Address: 11421 W. ST MARTINS ROAD

City: FRANKLIN

State: WI

ZIP Code: 53132

Email: mbloch.brothersconsolidated@gmail.c

Telephone number (area code & number) Daytime: 414-427-0709

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.

We installed a Carrier 3-Ton, 16 Seer Central Air Conditioner; M/N: 24ACC636A003 and an Uncased Evaporator Coil; M/N: CAPVU3617ALA on June 27, 2018. Includes: New drain line; drain fittings; sheet metal; 25ft lineset; thermostat wire for Air Conditioner; high voltage wiring; pad and gravel; removal of old equipment; testing and cleanup.

This was a replacement. New air conditioner and coil was installed in the same location as the equipment it replaced.

6. SIGNATURE OF APPLICANT:


Signature

Michele Bloch
Please print or type name

10/24/18
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.

Mail or Email Form to:

Historic Preservation Commission
City Clerk's Office
841 N. Broadway, Rm. B1
Milwaukee, WI 53202

PHONE: (414) 286-5722

hpc@milwaukee.gov

www.milwaukee.gov/hpc

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

SUBMIT