



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: 2670 N GRANT BL

2. NAME AND ADDRESS OF OWNER:

Name(s): BRENDA C JACKSON

Address: 2670 N GRANT BL

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): SQUARE ONE HEATING & COOLING L

Address: 1114 15TH AVE

City: UNION GROVE State: WI ZIP Code: 53182

Telephone number (area code & number): 262-878-2228

Fax: 262-878-0448

Email Address: info@squareonehvac.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)

replace furnaces and ac plus air distribution system

5. ELECTRONIC SIGNATURE:

SQUARE ONE HEATING & COOLING L 1/1/0001

Name

Date

PHONE: (414) 286-5712

FAX: (414) 286-0232