



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)

1

ADDRESS OF PROPERTY: 2659 N TERRACE AV

2. NAME AND ADDRESS OF OWNER:

Name(s): THOMAS L ESCHWEILER SURVIVOR

Address: 2659 N TERRACE AV

City: MILWAUKEE WI State: WI ZIP Code: 53211

Telephone number (area code & number): unlisted

Fax:

Email Address:

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

Name(s): Capital Construction Services

Address: 347 E Lincoln Av

City: Milwaukee State: WI ZIP Code: 53207

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

Fax:

Email Address: ~~jason@capitalcsllc.com~~

jason@capitalhc.com
lisa@capitalhc.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)

REPLACING EXISTING A/C

5. ELECTRONIC SIGNATURE:

Capital Construction Services 1/1/0001

Name

Date

PHONE: (414) 286-5712

FAX: (414) 286-0232