



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: 1316 W FOREST HOME AV

2. NAME AND ADDRESS OF OWNER:

Name(s): MITCHELL MARKET COMPANY LLC

Address: 1 CVS DR

City: WOONSOCKET RI State: RI ZIP Code: 02895

Telephone number (area code & number): unlisted

Fax:

Email Address:

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

Name(s): MARED MECHANICAL CONTRACTORS C

Address: 4230 W DOUGLAS AVE

City: MILWAUKEE State: WI ZIP Code: 53209-

Telephone number (area code & number): (414)238-2288

Fax: (414) 431-0693

Email Address: tmemmel@maredmechanical.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 3 ton packaged rooftop unit with same heating and cooling specs

5. ELECTRONIC SIGNATURE:

MARED MECHANICAL CONTRACTORS C 1/1/0001

Name

Date

PHONE: (414) 286-5712

FAX: (414) 286-0232