



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: 2549 N TERRACE AV

2. NAME AND ADDRESS OF OWNER:

Name(s): TIMOTHY G ROLOFF

Address: 2549 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): ROTH HEATING COMPANY INC

Address: 400 W DREXEL AVE

City: OAK CREEK State: WI ZIP Code: 53154

Telephone number (area code & number):

Fax:

Email Address: rothheating@hotmail.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)

vent kitchen hood to basement window well and relocate mains serving 2nd and 3rd floor

5. ELECTRONIC SIGNATURE:

ROTH HEATING COMPANY INC 1/1/0001

Name

Date

PHONE: (414) 286-5712

FAX: (414) 286-0232