



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: 1912 N 2ND ST

2. NAME AND ADDRESS OF OWNER:

Name(s): BRUCE S GOODMAN

Address: 1912 N 2ND ST # 103

City: MILWAUKEE WI State: WI ZIP Code: 53212

Telephone number (area code & number): unlisted

Fax:

Email Address:

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

Name(s): FIRE PLACE LTD

Address: 11700 W SILVER SPRING RD

City: MILWAUKEE State: WI ZIP Code: 53225

Telephone number (area code & number): (414) 527-0400

Fax: (414) 527-0598

Email Address: WRFPLTD@YAHOO.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)

INSTALL GAS DV FIREPLACE IN LIVINGROOM

5. ELECTRONIC SIGNATURE:

FIRE PLACE LTD 1/1/0001

Name

Date

PHONE: (414) 286-5712

FAX: (414) 286-0232