



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: 2228 N TERRACE AV

2. NAME AND ADDRESS OF OWNER:

Name(s): JAMES F HOLTON

Address: 2230 N TERRACE AVE

City: MILWAUKEE WI State: WI ZIP Code: 53202

Telephone number (area code & number): (414) 651-0407

Fax:

Email Address:

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

Name(s): DONOVAN & JORGENSEN INC

Address: 16935 W GREENFIELD AVE

City: NEW BERLIN State: WI ZIP Code: 53151

Telephone number (area code & number):

Fax:

Email Address: Kelly@donovanjorgenson.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)

6 A/C UNITS: LOCATIONS : 1 UNIT SOUTHEAST END ON GROUND LEVEL, 1 UNIT ON EAST END ON GROUND LEVEL, 2 UNITS ON SECOND FLOOR EAST BALCONY, 2 UNITS ON THIRD FLOOR WEST BALCONY. LINESETSWILL BE STRAPPED TO FLOOR ON 1ST FLOOR BALCONY, 2ND FLOOR WILL BE RUN UP EXPOSED EAST WALL, LINE HIDE TO BE ADDED & ENTERING ATTIC AT LOWEST ENTRY POINT. 3RD FLOOR LINESETS RUN ALONG FLOOR OF BALCONY AND ENTER AT LOWEST POINT OF BALCONY.

5. ELECTRONIC SIGNATURE:

DONOVAN & JORGENSEN INC 1/1/0001

Name

Date

PHONE: (414) 286-5712

FAX: (414) 286-0232