



# **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: 2649 N TERRACE AV

2. NAME AND ADDRESS OF OWNER:

Name(s): PATRICK D ELLIS

Address: 2649 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): A.C.A Ice Refridgeration

Address: 4915 Romans Way

City: Colgate State: WI ZIP Code: 53017

Telephone number (area code & number): (414) 915-0018

Fax:

Email Address: b.kenney@charter.net

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)

air conditioning condensor, (30" x 30") located aprox. 3 feet south of north west corner of house within 18 inches of building, in rear of house. Refrigeration and electrical connection through basement wall to air conditioning condensor.

5. ELECTRONIC SIGNATURE:

A.C.A Ice Refridgeration 1/1/0001

Name

Date

PHONE: (414) 286-5712

FAX: (414) 286-0232