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: 1027 E OGDEN AV

2. **NAME AND ADDRESS OF OWNER:**

Name(s): ABBOT ROW CORPORATION

Address: 1035 E OGDEN AVE

City: MILWAUKEE WI State: WI ZIP Code: 53202

Telephone number (area code & number): unlisted

Fax:

Email Address:

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

Name(s): ZIGS HEATING & COOLING

Address: 2831 S 13TH ST

City: MILWAUKEE State: WI ZIP Code: 53215

Telephone number (area code & number): (414) 807-0609

Fax: (414) 383-9557

Email Address: bjsparky1.1@netzero.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)

furnace replacement

5. **ELECTRONIC SIGNATURE:**

ZIGS HEATING & COOLING 1/1/0001
Name Date

PHONE: (414) 286-5712 FAX: (414) 286-0232