



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: 4419 N 25TH ST

2. NAME AND ADDRESS OF OWNER:

Name(s): LYNDELL GILBERT

Address: 4419 N 25TH ST

City: MILWAUKEE WI State: WI ZIP Code: 53209

Telephone number (area code & number): unlisted

Fax:

Email Address:

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

Name(s): DMJ SERVICES LLC

Address: 1011 W. Somers St

City: MILWAUKEE State: WI ZIP Code: 53205

Telephone number (area code & number): (414) 291-5400

Fax: (414) 291-5393

Email Address: Deanna.petkus@actionwi.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)

REPLACE GAS FURNACE

5. ELECTRONIC SIGNATURE:

DMJ SERVICES LLC 1/1/0001

Name

Date

PHONE: (414) 286-5712

FAX: (414) 286-0232