



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: 2971 N SHERMAN BL

2. NAME AND ADDRESS OF OWNER:

Name(s): TANQUA S HANES

Address: 2969 N SHERMAN BLVD

City: MILWAUKEE WI State: WI ZIP Code: 53210

Telephone number (area code & number): unlisted

Fax:

Email Address:

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

Name(s): MALONES PLUMBING & HEATING INC

Address: 2371 N. Sherman Bl.

City: MILWAUKEE State: WI ZIP Code: 53210

Telephone number (area code & number): 414-353-4010

Fax: 414-871-7321

Email Address: amalone156@aol.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 boiler - venting out south side of bldg

5. ELECTRONIC SIGNATURE:

MALONES PLUMBING & HEATING INC 1/1/0001

Name

Date

PHONE: (414) 286-5712

FAX: (414) 286-0232