



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)

1

ADDRESS OF PROPERTY: 2634 N LAKE DR

2. NAME AND ADDRESS OF OWNER:

Name(s): DAVID R REMSTAD

Address: 2634 N LAKE DR

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): 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)

AIR CONDITIONER & AIR HANDLER INSTALL - COOLING SYSTEM

5. ELECTRONIC SIGNATURE:

DONOVAN & JORGENSEN INC 1/1/0001
Name Date

PHONE: (414) 286-5712

FAX: (414) 286-0232