



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)

ADDRESS OF PROPERTY:

2104 E. Lafayette Place

2. NAME AND ADDRESS OF OWNER:

Name(s): Mary Beth Geraci

Address: 2104 E. Lafayette Place

City: Milwaukee

State: WI

ZIP: 53202

Email: _____

Telephone number (area code & number) Daytime: 414 690-6907 Evening: _____

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

Name(s): Quality Heating & Sheet Metal Co. Inc

Address: 2840 N Brookfield Rd

City: Brookfield

State: WI

ZIP Code: 53045

Email: sjones@qualityheating.com

Telephone number (area code & number) Daytime: 262-786-4450 Evening: _____

4. ATTACHMENTS: (Because projects can vary in size and scope, please call the HPC Office at 414-286-5712 for submittal requirements)

A. REQUIRED FOR MAJOR PROJECTS:

☒ Photographs of affected areas & all sides of the building (annotated photos recommended)

☐ Sketches and Elevation Drawings (1 full size and 1 reduced to 11" x 17" or 8 1/2" x 11")
A digital copy of the photos and drawings is also requested.

☐ Material and Design Specifications (see next page)

B. NEW CONSTRUCTION ALSO REQUIRES:

☐ Floor Plans (1 full size and 1 reduced to a maximum of 11" x 17")

☐ Site Plan showing location of project and adjoining structures and fences

**PLEASE NOTE: YOUR APPLICATION CANNOT BE PROCESSED UNLESS
BOTH PAGES OF THIS FORM ARE PROPERLY COMPLETED
AND SIGNED.**

5. **DESCRIPTION OF PROJECT:**


Tell us what you want to do. Describe all proposed work including materials, design, and dimensions. Additional pages may be attached.

Replace existing air conditioner with same size unit in rear of house.

New unit will be a Carrier, 24" tall, 23" wide, 23" deep.

New unit will match existing unit and be placed in the exact same location.

6. **SIGNATURE OF APPLICANT:**


Signature

Tom Stetz / Comfort Consultant
Please print or type name

4/19/2018
Date

This form and all supporting documentation **MUST** arrive by 12:00 noon on the deadline date established to be considered at the next Historic Preservation Commission Meeting. Any information not provided to staff in advance of the meeting will not be considered by the Commission during their deliberation. Please call if you have any questions and staff will assist you.

Hand Deliver or Mail Form to:
Historic Preservation Commission
City Clerk's Office
200 E. Wells St. Room B-4
Milwaukee, WI 53202

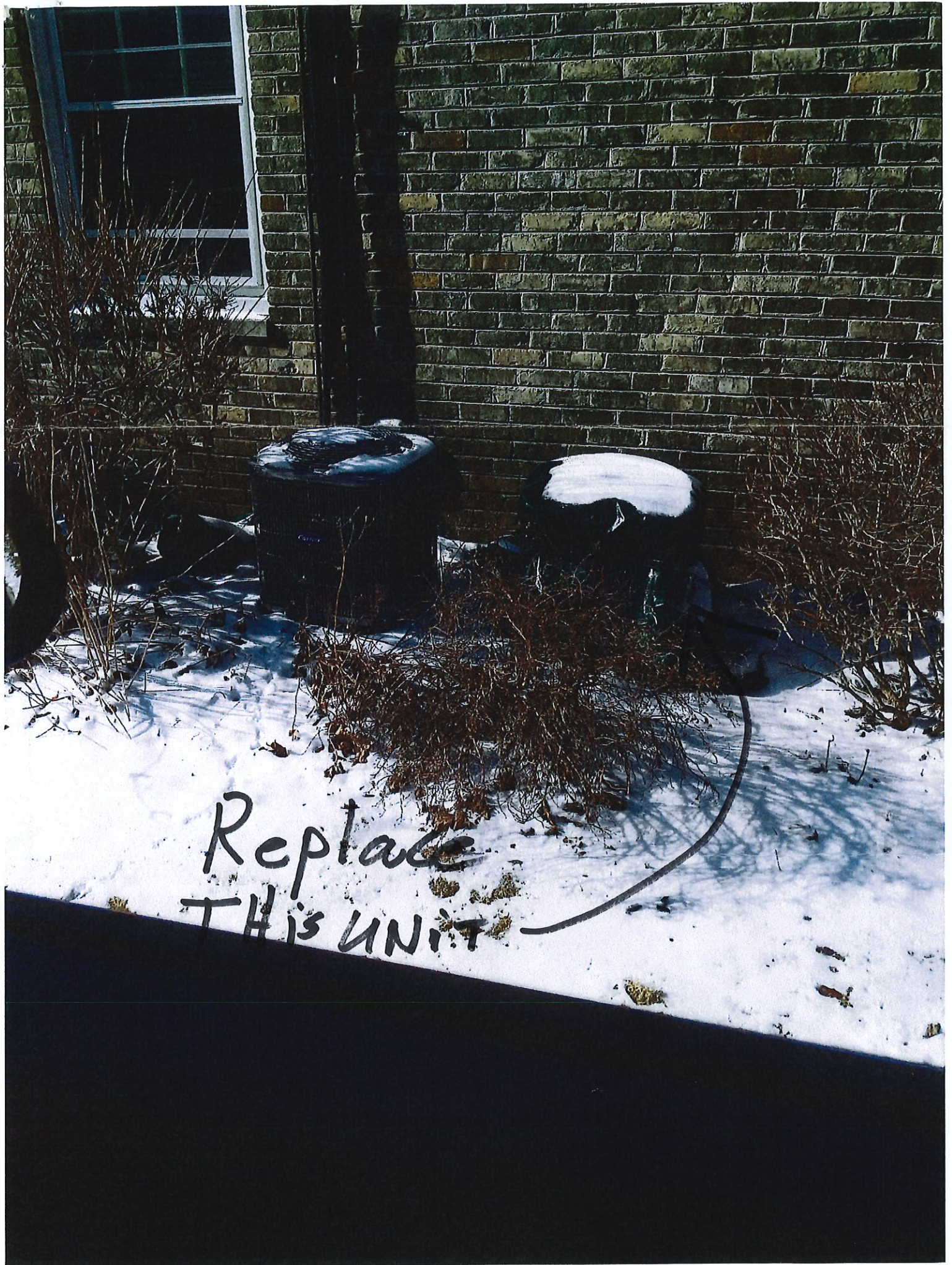
PHONE: (414) 286-5722

FAX: (414) 286-3004

www.milwaukee.gov/hpc

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SUBMIT



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