



LANDMARKS COMMISSION APPLICATION

Monthly meeting is scheduled the first Wednesday of every month.

Application Deadline is 4:30 p.m. on the Monday of the week before the Landmarks Commission meeting (typically the last Monday of every month).

Date Received: _____

Paid: _____ Rec'd. By _____

Trakit #: _____

I am applying for a:

Certificate of Appropriateness (COA) - **\$15 application fee required.**

Paint and Repair Grant (no fee)

A. General Information:

Applicant Name: John & Tiffany Grigg

Phone-Home: John 262-215-5581 & Tiffany 262-758-1410

Phone-Work: John 262-642-4545 & Tiffany 414-213-1797

E-mail: Jegrigg72@gmail.com

Mailing Address: 224 N Hartwell Ave, Waukesha, WI 53186

B. Income Level Information: (Required only for those applying for a LCP & R Grant.)

Based on the following chart, CHECK ONE OF THE BOXES BELOW to INDICATE WHETHER YOUR FAMILY INCOME IS ABOVE OR BELOW THE GUIDELINE amount for your household:

No. in Family	Income Level (Up to:)	No. in Family	Income Level (Up to:)
1.....	\$37,650	5.....	\$58,050
2.....	\$43,000	6.....	\$62,350
3.....	\$48,400	7.....	\$66,650
4.....	\$53,750	8.....	\$70,950

Income is **Above** Guidelines

Income is **Below** Guidelines

Please note: income information is for CBDG reporting only and is not used to determine whether applicants qualify for grant money.

C. Architectural Information on Property (if unknown you may leave this section blank):

Historic Name of Building: _____

Address of Historic Property 224 N Hartwell Ave, Waukesha, WI 53186

Construction Date/Era: 1885

Architectural Style: _____

Historic Background (Brief): _____

PLEASE READ AND SIGN: The information in this application is accurate to the best of my knowledge. I agree to supply any relevant documentation that is required for the proper review of this application and I understand that any missing or incomplete information may delay the review process. By signing this I also authorize the City of Waukesha or its agents to enter upon my property for the purpose of reviewing this application.

Signed: John E Grigg

Date: 3/24/2022

Estimated start date: Roof: 8/1 Tuckpointing: 5/7

Estimated completion date: Roof: 8/3 Tuckpointing: 5/13

I/We intend/have already applied for the state's preservation tax credits: Yes No
Status: _____

Have you done any previous restoration or repair work on this property?

No Yes If yes, what has been done?

Window Restoration on 2nd Floor & Front Picture Window.

Are you aware of any significant alterations or restoration done by previous owners?

No Yes If yes, what has been done?

Are any further repairs or alterations planned for this building for the future?

No Yes If yes, please describe:

Exterior Painting, Flat Roof front and back, Back steps, Tuckpointing the foundation and chimney.

E. Criteria Checklist:

REQUIRED FOR ALL PROJECTS

- Photographs of affected areas and existing conditions from all sides
- Historic plans, elevations or photographs (if available)
- Material and design specifications, including samples and/or product brochures/literature when appropriate

REQUIRED FOR ALL PROPOSED NEW CONSTRUCTION, ADDITIONS, EXTERIOR ALTERATIONS, FENCING AND LANDSCAPING

- Site and/or elevation plan – to scale (required for all new construction or proposed additions)

REQUIRED FOR EXTERIOR PAINT WORK

- Color samples (including brand of paint and product ID number) and placement on the structure

REQUIRED FOR ALL LCP&R APPLICATIONS

Provide a detailed cost estimate for these repair(s), based on the number of gallons of paint, the amount of lumber, or the number of panes of glass, etc. Be certain to separate material costs from labor. Include a written estimate(s) if available:



"Celebrating 20 years of award winning customer service"

Warrantied - Guaranteed - Quality

PREPARED FOR: John Grigg

Date: 2-16-22

Project # _____

Project Quote

Project Scope of Work:

- Remove and dispose of existing flat roofing materials.
- Inspect decking for rot, replace as needed at rate of \$85 per 4x8 sheet of OSB
- Install EPDM flat roofing system and all necessary components on 3 low slope roof segments

Sat. dish to be removed.

1/3 downpayment required for material order and scheduling = 1500

(over if needed)

Evaluation of Problem: At Infinity, our goal is to solve your problem in the most cost effective manner possible. Often times a single leak may be coming from multiple sources and while we correct part of the problem the entire source may not fixed. If NO WARRANTY is circled below, additional work is most likely necessary to rectify the leak.

PHASE ONE TOTAL: \$ 4500 Initial JG

Price above includes a 4% cash/check discount. If you pay with a credit card that 4% does not apply.

NO LEAK WARRANTY: (Circle one) 5 YEARS - 1 YEAR - NO WARRANTY

Additional work if above does not solve leak: _____

PHASE TWO TOTAL: \$ _____ Initial here _____ if you consent to completing this phase of work should Phase one not solve the problem.

MKE Masonry
Milwaukee, wi
414-366-2594

Estimate

To:
John Grigg
224 N Hartwell Ave
Milwaukee, WI 53186

Estimate # 00111
Estimate Date 03/22/2022
Available Appointment Date PENDING

Item	Details	Unit Price	Qty	Subtotal
Restoration	100% tuck pointing on chimney New cap Tuck pointing as needed on 3 sides of property 100% tuck pointing inside the fire place	4,500	1	4,500
Total:				\$4,500

*** Material included ***

*** 50% downpayment required at start of job, remaining due upon completion ***