

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: Trakit #:	
I am applying for a: Certificate of Appropriateness (COA) - \$15 application Paint and Repair Grant (no fee)		
A. General Information: Applicant Name: Seeling Properties, L.I. Phone-Home: 252 744-4000 Phone-Work: E-mail: Aseeling Plive Com Mailing Address: P.O. Box 1901 Warkes		
PLEASE READ AND SIGN: The information in this appli supply any relevant documentation that is required for the primisesing or incomplete information may delay the review proces its agents to enter upon my property for the purpose of reviewing	oper review of this applica s. By signing this I also au	ation and I understand that an
Signed:	Date: Dec. 7,	2023
B. Income Level Information: (Required only for the Based on the following chart, CHECK ONE OF THE BOX INCOME IS ABOVE OR BELOW THE GUIDELINE amount No. in Family Income Level (Up to:) No. in 1	ose applying for a LCF ES BELOW to INDICATE Int for your household: Income \$58,6 \$62,6 \$70,9 come is Below Guideling only and is not used	P & R Grant.) E WHETHER YOUR FAMILY Level (Up to:) 050 350 650 950 lines I to determine whether
C. Architectural Information on Property (if unknown Historic Name of Building: STREET - WAITE Address of Historic Property 348 WISCONSIN ACCONSTRUCTION Date/Era: 1880 Architectural Style: FARLY GOTHIC REVIVAL Historic Background (Brief): Believed to have	House YE.	
residence.	LOCAL ALMANY CALL OF A	Janey Janey

We recommend reading the Landmarks Commission Design Policies and/or discussing your plans with staff before submitting your application. The Design Policies are available here:

https://www.waukesha-wi.gov/government/departments/landmarks.php

D. Nature of Intended Repair(s)/Proposed Work:

Briefly and accurately describe type and location of proposed work on the primary building, carriage house, and any other outbuildings (i.e.: garage). Attach extra sheets and supplemental material as requested in the criteria checklist found in Section E. Be sure to reference the attached Exhibit A, which summarizes the guidelines from the Secretary of Interior's Standards for Historic Preservation Projects. Your narrative must address any of the following elements related to your project:

Roof: Repair or replacement? Soffits, Fascia, Downspouts Eaves, Gutters Shingle type/style/color	Chimney(s): Repair or replacement?
Siding: Repair or replacement?	Windows: Repair or replacement?
Other Exterior Repairs: Awnings Brickwork/Stonework Cresting Doors	Foundation: Extent of repair Tuckpointing Other
Porch: Repair or replacement? Front or Side, Rear least lea	Miscellaneous: Landscaping Fences Paving/Brick Pavers Landscaping Fences Paving/Brick Pavers
Too sail on bout & now	ch to be replaced. Consists of No change from original

Estimated start date: \(\frac{1}{2} - 15 - 2\frac{1}{2} \) Estimated completion date: I/We intend/have already applied for the state's preservation tax credits: \(\frac{1}{2} \) Status: \(\frac{1}{2} \) Have you done any previous restoration or repair work on this property?
No Yes If yes, what has been done? No Yes If yes, what has been done?
Are you aware of any significant alterations or restoration done by previous owners? Vocation Previous owners? Vocation Previous owners?
Are any further repairs or alterations planned for this building for the future? No Yes If yes, please describe: Office state & side of building to be replaced. Top railing of front pack to be repaired.
E. Criteria Checklist:
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 LANSCAPING Site and/or elevation plan – to scale
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: