



## 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: Waukesha Masonic Lodge 37

Phone-Home: \_\_\_\_\_

Phone-Work: 414-745-8315

E-mail: Garyebest675@gmail.com

Mailing Address: 312 South Street Waukesha 53184

### 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: \_\_\_\_\_

Construction Date/Era: \_\_\_\_\_

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: Gary Best Date: 11/19/21



Estimated start date: \_\_\_\_\_

Estimated completion date: \_\_\_\_\_

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?

\_\_\_\_\_  
\_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **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:

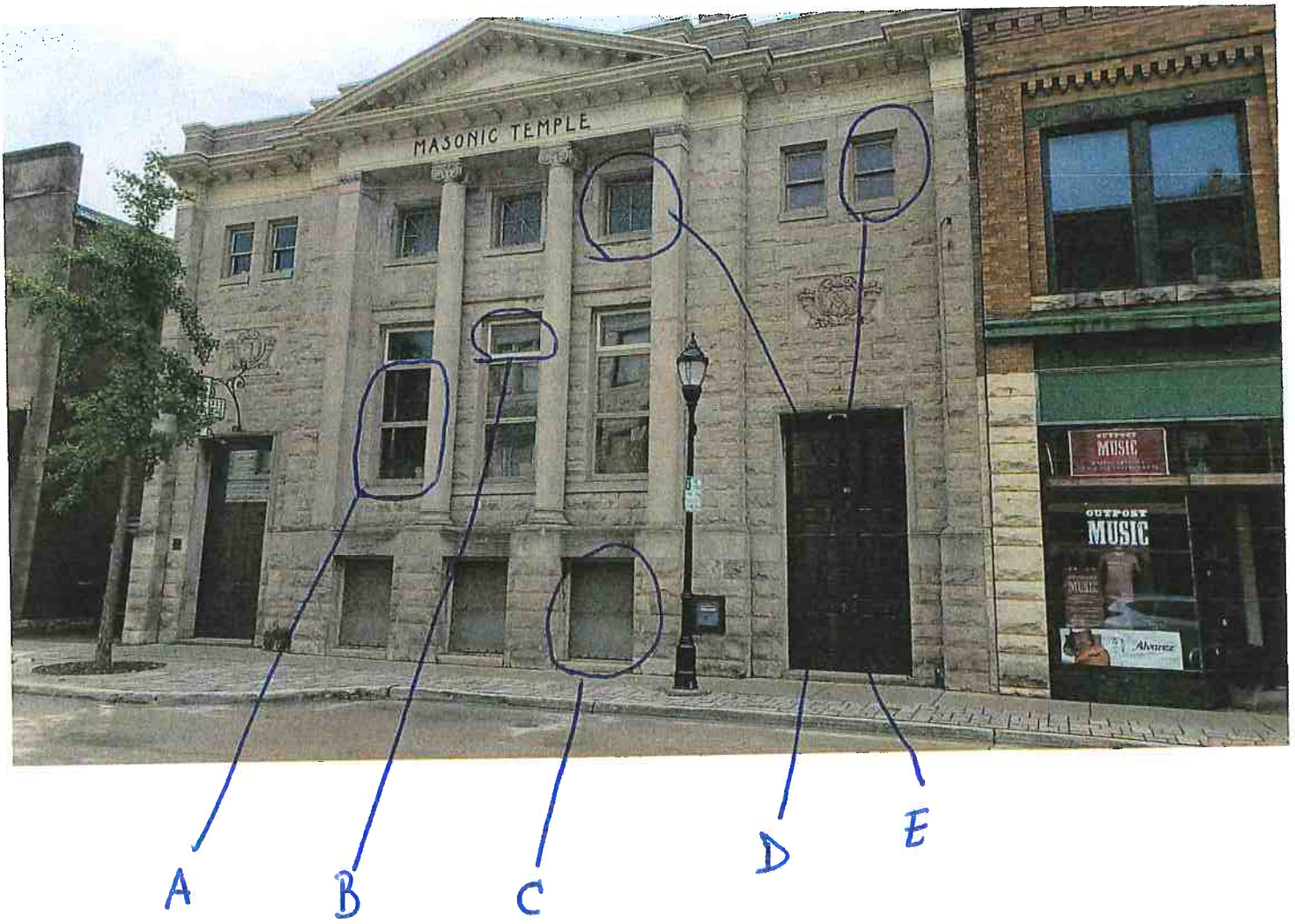
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **SECRETARY OF THE INTERIOR'S STANDARDS FOR REHABILITATION OF HISTORIC PROPERTIES, APPLIED BY THE WAUKESHA LANDMARKS COMMISSION**

To receive a Certificate of Appropriateness, a rehabilitation project must be determined by the Landmarks Commission to be consistent with the historic character of the structure(s) and, where applicable, the district in which it is located. The following Standards are to be applied to specific rehabilitation projects in a reasonable manner, taking into consideration economic and technical feasibility.

1. A property will be used as it was historically or be given a new use that requires minimal change to its distinctive materials or alteration of features, spaces, and spatial relationships.
2. The historic character of a property will be retained and preserved. The removal of distinctive materials or alteration of features, spaces, and spatial relationships that characterize a property will be avoided.
3. Each property will be recognized as a physical record of its time, place, and use. Changes that create a false sense of historical development, such as adding conjectural features or elements from other historic properties, will not be undertaken.
4. Changes to a property that have acquired historic significance in their own right will be retained and preserved.
5. Distinctive materials, features, finishes, and construction techniques or examples of craftsmanship that characterize a property will be preserved.
6. Deteriorated historic features will be repaired rather than replaced. Where the severity of deterioration requires replacement of a distinctive feature, the new feature will match the old in design, color, texture and, where possible, materials. Replacement of missing features will be substantiated by documentary and physical evidence.
7. Chemical or physical treatments, if appropriate, will be undertaken using the gentlest means possible. Treatments that cause damage to historic materials will not be used.
8. Archaeological resources will be protected and preserved in place. If such resources must be disturbed, mitigation measures will be undertaken.
9. New additions, exterior alterations, or related new construction will not destroy historic materials, features, and spatial relationships that characterize the property. The new work will be differentiated from the old and will be compatible with the historic materials, features, size, scale and proportion, and massing to protect the integrity of the property and its environment.
10. New additions and adjacent or related new construction will be undertaken in such a manner that, if removed in the future, the essential form and integrity of the historic property and its environment would be unimpaired.





All Family Glass, Inc. /dba  
BGS GLASS SERVICE  
1620 ARCADIAN AVE.  
WAUKESHA, WI 53186



# Quote

Quote Number: DK13185  
Quote Date: 11/11/2021

[www.bsgglass.com](http://www.bsgglass.com)

Members of MBA, NARI, BBB

Phone: (262) 513-2806

Fax: (262) 513-2812



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## Quoted to:

WAUKESHA MASONIC LODGE  
317 SOUTH STREET  
WAUKESHA, WI 53186

Phone: (414) 745-8315 Fax:

## Ship to:

\*Work performed may be photographed for marketing\*

Job Name		Shipping Method	**Payment Terms**	Sales Rep	
		Installed	COD	DAVE KEARN	
Quantity	Item	Description		Unit Price	Extension
3	LINE ITEM 	FURNISH & INSTALL (3) NEW JELD-WEN WOOD DOUBLE HUNG WINDOWS/LOW-E ANNEALED THERMOPANE WITH ARGON GAS/EXTERIOR IN PRIMER-INTERIOR COLOR OF KODIAK STAIN/FIBERGLASS MESH SCREEN/SPRAY FOAM INSULATION/FINISHED INTERIOR-EXTERIOR/CAULKED FOR A WEATHER TIGHT SEAL APPROXIMATE SIZE IS 44 X 82 2ND FLOOR FRONT		2885.00	8,655.00*
3	LINE ITEM 	FURNISH & INSTALL (3) NEW JELD -WEN WOOD TRANSOMS LOW-E ANNEALED THERMOPANES WITH ARGON GAS/EXTERIOR PRIMER-INTERIOR COLOR OF KODIAK STAIN/SPRAY FOAM INSULATION/FINISHED INTERIOR-EXTERIOR CAULKED FOR A WEATHER TIGHT SEAL APPROXIMATE SIZE IS 44 X 25 2ND FLOOR TRANSOMS		1570.00	4,710.00*
3	LINE ITEM 	FURNISH & INSTALL (3) NEW JELD-WEN WOOD DOUBLE HUNG WINDOWS/OBSCURE TEMPERED THERMOPANE/EXTERIOR IN PRIMER-INTERIOR COLOR OF KODIAK STAIN/SPRAY FOAM INSULATION/FINISH INTERIOR-EXTERIOR/CAULKED FOR A WEATHER TIGHT SEAL. APPROXIMATE SIZE IS 44 X 45 FRONT BASEMENT		2512.00	7,536.00*
4	LINE ITEM 	FURNISH & INSTALL (4) NEW JELD-WEN WOOD DOUBLE HUNG WINDOWS/LOW-E ANNEALED THERMOPANES WITH ARGON GAS/EXTERIOR IN PRIMER-INTERIOR COLOR OF KODIAK STAIN/FIBERGLASS MESH SCREEN/SPRAY FOAM INSULATION/FINISHED INTERIOR-EXTERIOR/CAULKED FOR A WEATHER TIGHT SEAL APPROXIMATE SIZE IS 27 X 38 3RD FLOOR FRONT		2350.00	9,400.00*
3	LINE ITEM 	FURNISH & INSTALL (3) NEW JELD-WEN WOOD FIXED WINDOWS/WITH A 8 HOLE GRID PATTERN/LOW-E ANNEALED THERMOPANE WITH ARGON GAS/EXTERIOR IN PRIMER-INTERIOR COLOR IS KODIAK STAIN/SPRAY FOAM INSULATION/FINISH INTERIOR-		3767.00	11,301.00*

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Quantity	Item	Description		Unit Price	Extension
		EXTERIOR/CAULKED FOR A WEATHER TIGHT SEAL, APPROXIMATE SIZE IS 36 X 39 3RD FLOOR FRONT			
3	LINE ITEM	FURNISH & INSTALL (3) NEW SECURITY SCREEN MODEL 800 SCREEN MESH IS STAINLESS STEEL COLOR BLACK, APPROXIMATE SIZE IS 44 X 45 BASEMENT FRONT		1429.00	4,287.00*
1	LINE ITEM	BGS WILL FOLLOW ALL LEAD SAFETY REMOVAL OF OLD WINDOWS. ALL DEBRIS WILL BE CLEANED UP AND DISCARDED.		0.00	0.00*

\* means item is non-taxable

TOTAL AMOUNT 45,889.00

All material on this quote is guaranteed to be as specified, and is not safety glazed material unless so marked. It is sold with the understanding that this material will not be glazed in a "hazardous location" as defined by the Consumer Product Safety Commission. All glass installed and/or supplied by BGS Glass Service meets ASTM glass standards.

**Effective 06/01/2018, a 3% processing fee will be added to Invoices paid with Credit and Debit Cards.**  
**50% deposit is required on all product ordered, and balance would be due upon completion or product picked up and/or delivered.**

**\*Additional return trips required after initial installation (that are NOT warranty related) are not included and will be billed as such.**

Measurements taken by the customer for ordering are solely the responsibility of the customer.  
Measurements taken by the customer for quoting are only used for the purpose of quoting.

All merchandise returned for credit, refund or exchange must be in resalable condition, authorized for return and accompanied by this receipt.  
Restocking charges will be applied. NO RETURNS WILL BE AUTHORIZED FOR ANY SPECIAL ORDERS OR CUT FLAT GLASS.

NOTICE OF LIEN RIGHTS AS REQUIRED BY THE WISCONSIN CONSTRUCTION LIEN LAW, builder hereby notifies owner that persons or companies furnished labor or materials for the construction on owner's land may have lien rights on owner's land and building if not paid. Those entitled to lien rights, in addition to the undersigned builder, are those who give the owner notice within 60 days after they first furnish labor or materials for the construction. Accordingly, owner probably will receive notices from those who furnish labor or materials for the construction and should give a copy of each notice received to his mortgage lender, if any. Builder agrees to cooperate with the owner and his lender, if any, to see that all potential lien claimants are duly paid. Any/all lien waivers for this job will not be released until payment in full, is received by BGS Glass Services.

#### BGS Glass Service Warranties:

- 1) Insulated (Thermopane) Glass Units Installed: 10 years on insulated Unit and One year on labor.
- 2) Insulated (Thermopane) Glass Units Supplied Only: No Warranty
- 3) Shower Doors, Installed: One year on parts and labor, excluding tempered glass.
- 4) Mirrors, Installed: To be free of defects arising from improper production, for a period of 3 years (contact BGS for list of defects) and One year on labor.
- 5) ALL Custom Made Glass/Mirror/Plexi/Lexan/Windows/Storms/Screens - SUPPLIED ONLY: No Warranty. Product leaves BGS premises, product is not covered by ANY warranty. No exceptions. Inspect all products before you leave BGS Glass Service.

- 6) Custom Window Orders: Please contact your representative for appropriate warranties.
- 7) Any other orders/issues/applications, please contact BGS Glass Service.

Terms of payment are stated above. A service charge of 1.500% per month will be added to past due accounts. There will be a fee of \$45.00 for any returned checks.

Quote is good for 30 days, unless specifically stated otherwise.

ACCEPTED BY:

By signing this quote I agree to the terms presented above, and take full responsibility for payment

All products are subject to appropriate sales tax, unless tax exempt certificate is provided BEFORE work is started.

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