



RECEIVED

MAR 23 2017

LANDMARKS COMMISSION

**LANDMARKS COMMISSION APPLICATION**

Monthly meeting is scheduled the first Wednesday of every month.

*Application Deadline is 4:30 p.m. 12 days prior to the meeting date.*Date Received: 3/29/17Amount Paid: \$15.00 Rec'd. By: ma

I am applying for a:

- ☒ Certificate of Appropriateness (COA) - **\$15.00 application fee required.**  
☐ Landmarks Paint & Repair Grant (LCP & R) - **\$15.00 application fee required.**  
☐ Both - \$30.00

**A. General Information:**

Name: BOB & LISA SALB Occupation: DESIGNER  
Phone-Home: 262-951-1625 Phone-Work: —  
Mailing Address: 434 MADISON ST.

Spouse's Name: BOB SALB Occupation: OPERATIONS MANAGER  
Phone-Work: 414-507-5510

**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              |
| <input checked="" type="checkbox"/> Income is <b>Above</b> Guidelines |                       | <input type="checkbox"/> Income is <b>Below</b> Guidelines |                       |

**C. Architectural Information on Property:**

Historic Name of Building: SENATOR WILLIAM BLAIR HOUSE Construction Date/Era: 1876  
Historic Property Address: 434 MADISON ST. Architectural Style: ITALIANATE

Brief Historic Background: PLEASE SEE LAST COA APPL.Have there been any alterations or repairs? ☐ Yes ☐ No

If yes, describe alterations/repairs: \_\_\_\_\_



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

Briefly and accurately describe type and location of proposed work on primary building, carriage house, outbuildings (i.e.: garage), fences (including retaining walls), paved surfaces and landscaping. 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 \_\_\_\_\_

##### SIDING

Repair or replacement? \_\_\_\_\_

Paint Colors, Materials \_\_\_\_\_

Shingling/Ornamentation/Stickwork \_\_\_\_\_

##### OTHER EXTERIOR REPAIRS

Awnings \_\_\_\_\_

Brickwork/Stonework \_\_\_\_\_

Cresting \_\_\_\_\_

Doors \_\_\_\_\_

##### PORCH

Repair or replacement? \_\_\_\_\_

Front or Side, Rear \_\_\_\_\_

Ornamentation \_\_\_\_\_

Finials, Other \_\_\_\_\_

##### CHIMNEY

Repair/replacement? \_\_\_\_\_

Flashing \_\_\_\_\_

Tuckpointing \_\_\_\_\_

##### WINDOWS

Repair/replacement? NEW WOOD DHS PER PLAN

Materials, Other \_\_\_\_\_

##### FOUNDATION

Extent of repair \_\_\_\_\_

Tuckpointing \_\_\_\_\_

Other \_\_\_\_\_

##### MISCELLANEOUS

Landscaping \_\_\_\_\_

Fences \_\_\_\_\_

Paving/Brick Pavers \_\_\_\_\_

NEW WOOD FRENCH DOOR W/ SIDE LITE

OPEN PORCH

INTERIOR WORK (1ST) OPENING OLD DOORWAY INTO GREAT ROOM; REMODELING 1970S ADDITION INTO KITCHEN, BUTLER'S PANTRY, MUDROOM, SITTING ROOM & BEDROOM #2; RENOVATE 1840S HOUSE/1920S GARAGE INTO BEDROOM #1 & FULL BATH #1 (2ND FLOOR) ADD 3 CLOSETS (2 CLOSETS @ 8 FT. HIGH TO MAINTAIN EXISTING CROWN MOULDING); ADD 3 ENSUITE BATH ROOMS; CLOSE OFF NON-ORIGINAL CLOSET DOORWAY; ADD CLAWFOOT TUB TO NORTH BATH; RELOCATE DOORS TO EAST BEDROOM IN ORIGINAL LOCATIONS (EXT.) OPEN PORCH TO 1920S LOOK W/ STAIRS TO GRADE W/ METAL RAILING

Estimated start date: APRIL 2017

Estimated completion date: 2021

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

Status: \_\_\_\_\_

Has owner done any previous restoration/repair work on this property? No ☒ Yes

If yes, what has been done? DINING ROOM; - FRONT & REAR  
DOOR PAINT

Are any further repairs or alterations planned for this building for the future? No ☒ Yes

If yes, please describe: GARAGE, CARRIAGE BARN & GARDEN SHED  
& GAZEBO

#### **E. Criteria Checklist (REQUIRED, please read carefully):**

##### **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

##### **For ALL NEW CONSTRUCTION/ADDITIONS/EXTERIOR ALTERATIONS/FENCING & LANDSCAPING**

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

##### **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:

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I have read and answered the above to the best of my knowledge, and the information I have supplied 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. If I am applying for a LCP & R, I also agree to do the intended paint and/or repair work, as outlined and proposed above, exactly as described, or I agree to return the entire amount of the grant. I understand that I, or my assistants, must finish the proposed project within one hundred twenty (120) days of the payment of the grant. Compensation for the paint/materials, acquired solely for the repairs specified above, will be paid promptly upon the receipt of the properly written billing, or in a manner to be agreed upon between the owner/renter and the landmarks Commission or its authorized representative(s). Once the proposed paint/repair project has been approved, no changes or alterations in design or color scheme are allowed without the express written approval of the Landmarks Commission or its authorized representative(s). Failure to comply with the above is sufficient cause for the grant recipient to be required to immediately repay the entire grant amount. Any and all disputes which may arise under this agreement, or its interpretation, concerning eligibility, approval, procedures or forfeitures, shall be presented in writing to the Landmarks Commission, by the applicant, within ten (10) days of the dispute. The Landmarks Commission will then make a decision, and notify the applicant of its decision in writing, within ten (10) days of receipt of the letter detailing the nature of the dispute. These decisions will be final and binding.

Signed: Lisa J. Galt Date: 3/29/17

**Office use only:**

Received by: \_\_\_\_\_

Inspected/Photographed By \_\_\_\_\_

CDA Approved: ☐ Yes ☐ No

Authorized By \_\_\_\_\_

Moved: \_\_\_\_\_

Seconded: \_\_\_\_\_

Vote: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_LCP & R Approved: ☐ Yes ☐ No

Authorized By \_\_\_\_\_

Moved: \_\_\_\_\_

Seconded: \_\_\_\_\_

Vote: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
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