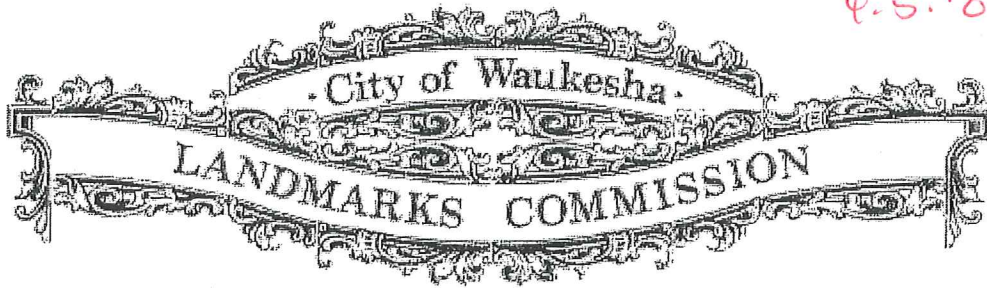


NORTHWESTERN HOTEL
(CLUB 400) POLKOWSKI
322 WILLIAMS ST.
4.5.06



NORTHWESTERN HOTEL
(CLUB 400) POLKOWSKI
322 WILLIAMS ST.
4.5.06

LANDMARKS COMMISSION APPLICATION

Application Deadline: Last Wednesday of Every Month

Scheduled Monthly Meeting Is: → First Wednesday of Every Month

Date Received: _____

I am applying for a:

- ☐ Certificate of Appropriateness (COA)
☐ Landmarks Paint & Repair Grant (LCP & R) >>> NOTE: **\$15 Application Fee** Required.
☒ Both PAID: _____ Rec'd. By _____

A. General Information:

Name: DANIEL J. POLKOWSKI Occupation: PROPERTY MANAGEMENT
Phone-Home: (262) 968-3943 Phone-Work: (262) 896-3540
Spouse's Name: GALINA GRASER Occupation: SALES
Phone-Work: (262) 896-3540
Mailing Address: 322 WILLIAMS ST.
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

C. Architectural Information on Property:

Historic Name of Building: NORTHWESTERN HOTEL
Address of Historic Property: 322 WILLIAMS ST WAUKESHA WI
Construction Date/Era: 1890
Architectural Style: _____
Historic Background (Brief): LES PAULS FATHER BROTHER STARTED A TAVERN IN JANUARY OF 1948. LES PAUL MARY FORD 1ST PERFORMED THERE.
Have there been any alterations or repairs? ☒ Yes ☐ No

Describe alterations/repairs:

REPLACED FRONT WINDOWS, PUT AN AWNING UP, REPAINTED BUILDING

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

Please 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? YES
Soffits, Fascia, Downspouts YES
Eaves, Gutters
Shingle type/style/color

Chimney(s): Repair or replacement?
Flashing
Tuckpointing

Siding: Repair or replacement?
Paint colors, Materials
Shingling and Ornamentation/Stickwork

Windows: Repair or replacement? YES
Materials, Other

Other Exterior Repairs:
Awnings YES
Brickwork/Stonework YES
Cresting
Doors

Foundation: Extent of repair YES
Tuckpointing YES
Other

Porch: Repair or replacement?
Front or Side, Rear
Ornamentation
Finials, Other

Miscellaneous:
Landscaping
Fences
Paving/Brick Pavers

Estimated start date: _____

Estimated completion date: _____

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

Status: _____

Has owner done any previous restoration or repair work on this property?

☒ Yes ☐ No If yes, what has been done?

AWNING
WINDOWS
PAINTING

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

☒ Yes ☐ No If yes, please describe:

FRONT FACADE BRICKWORK
NEW ROOF
PAINTING
SOFFITS : FASCIA

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:

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:  Date: 3/27/06

Office use only:

Received by: _____

Inspected/Photographed by: DMK

COA Approved: ☒ Yes ☐ No

Authorized By: LC

Moved: VS 4.5.06

Seconded: LG

Vote: unanimous

Comments:

Per the drawing & presentation to the LC on 4.5.06

LCP & R Approved: ☐ Yes ☐ No

Authorized By: _____

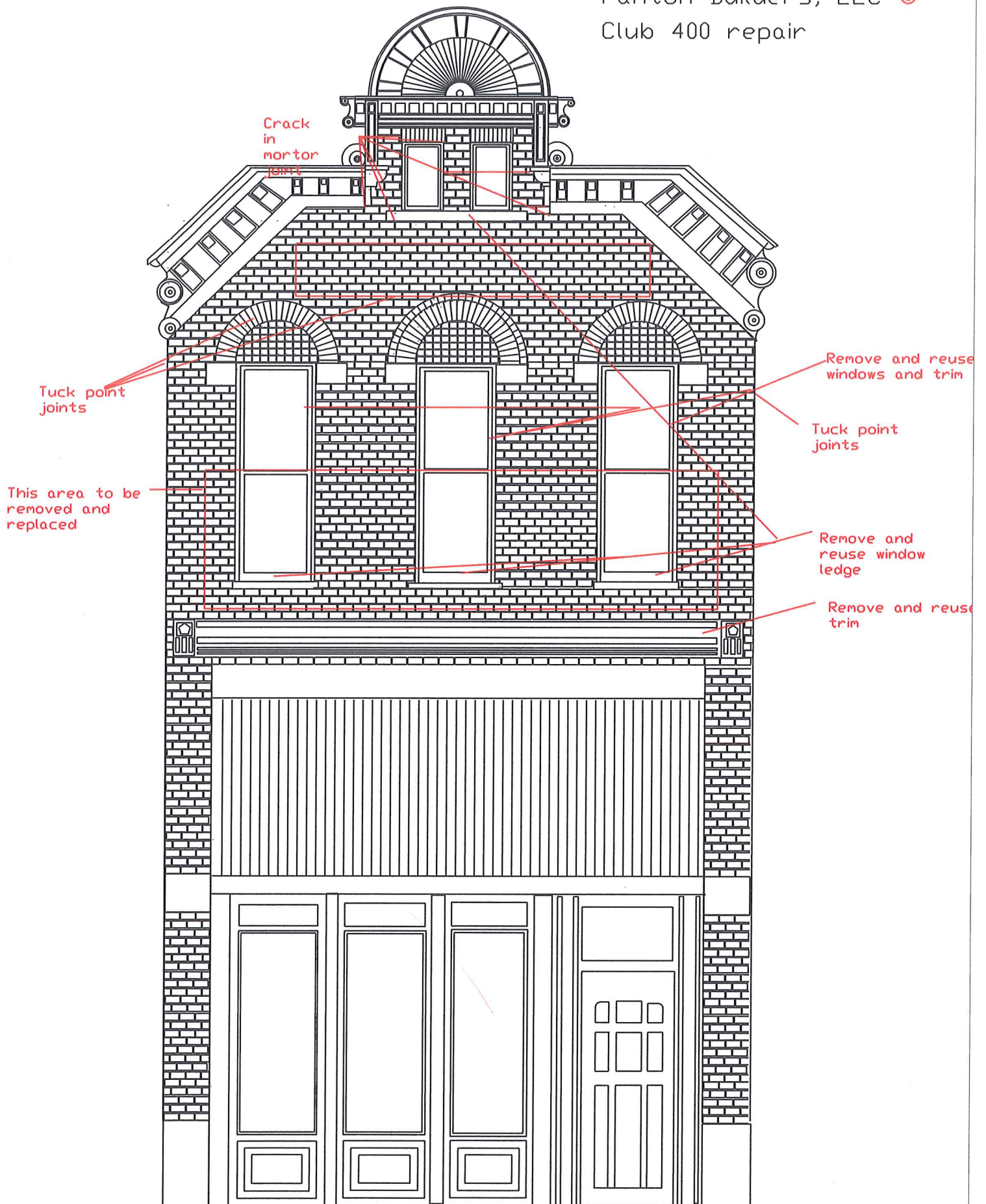
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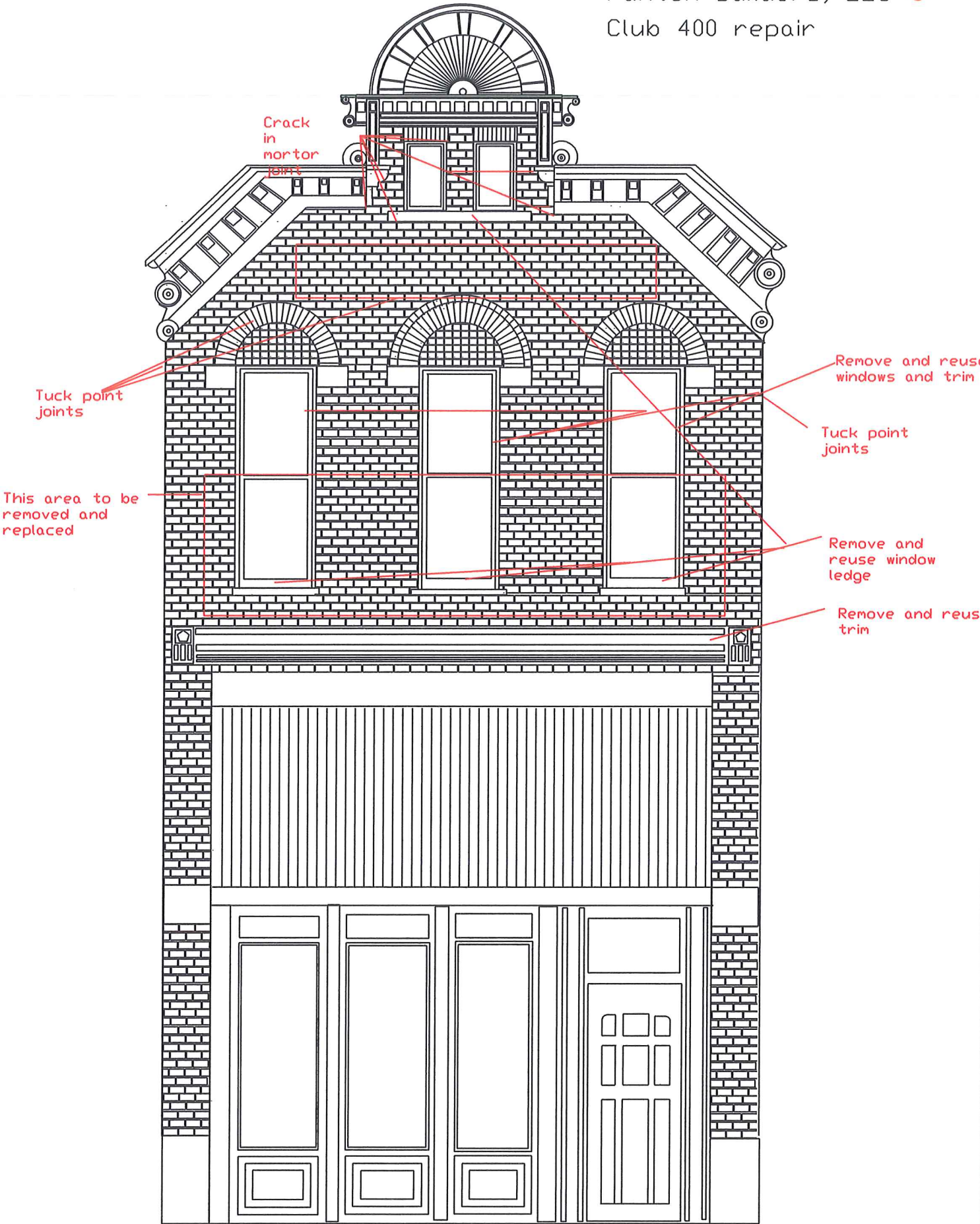
Seconded: _____

Vote: _____

Comments:

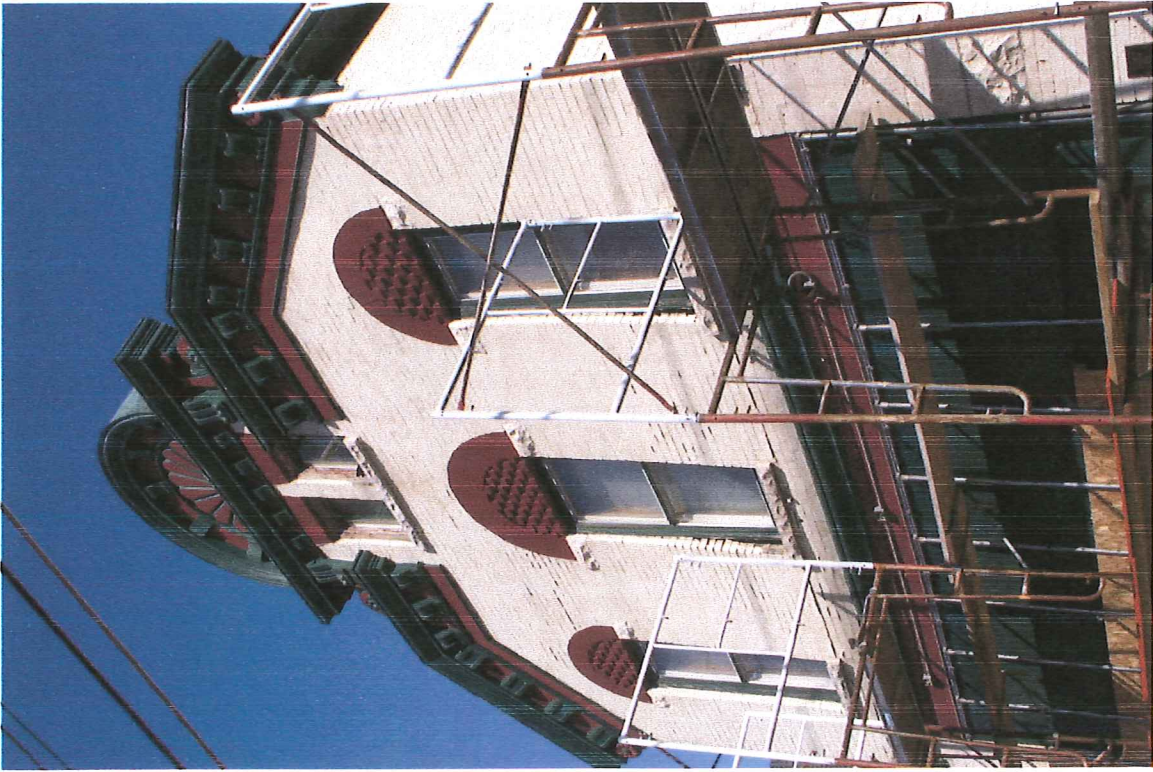
Panton Builders, LLC ©
Club 400 repair







NORTHWESTERN HOTEL 322 WILLIAMS ST. 4.4.'06 DMK - FACADE FALLING
(CLUB 400)



NORTHWESTERN HOTEL DMK



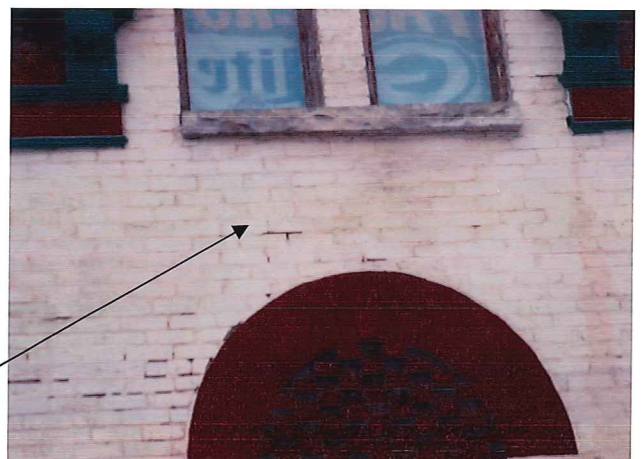
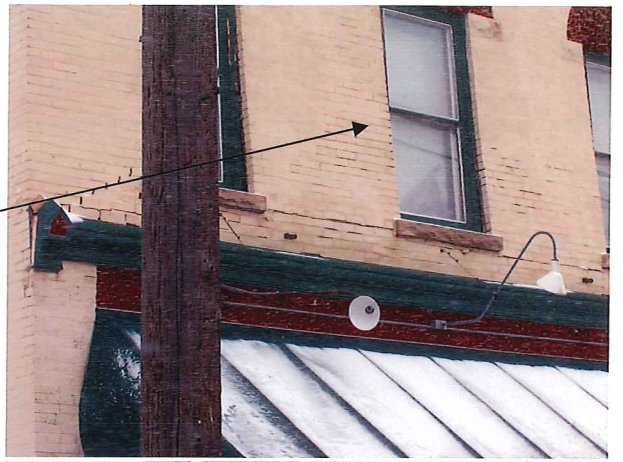
322 WILLIAMS ST. Y. 4. '06

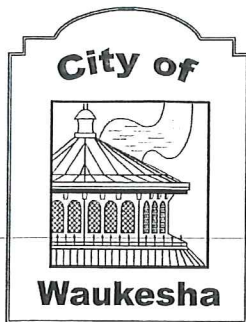


NORTHWESTERN HOTEL 322 WILLIAMS ST. 4.4.06 DMK



NORTHWESTERN HOTEL 322 WILLIAMS ST. 4-4-'06 DMK





FIRE DEPARTMENT

130 W. ST. PAUL AVENUE
WAUKESHA, WISCONSIN 53188-5172
TELEPHONE 262/524-3649 FAX 262/542-2010

Steven Howard, Assistant Chief
showard@ci.waukesha.wi.us

NOTICE AND DEMAND TO OWNER TO ABATE NUISANCE

April 4, 2006

Property Owner:

Mr. Dan Pokwinski
Club 400 LLC
463 Bron Derw Ct.
Wales, WI 53183

Site Location:

Club 400
322 Williams Street
Waukesha, WI

Dear Mr. Pokwinski:

Upon inspection of your property located at 322 Williams Street in the City of Waukesha, Wisconsin, I have determined that the front exterior wall of the property is in immediate danger of collapse into the sidewalk and street. This condition constitutes a public nuisance pursuant to section 12.02(1) and 12.02(2) of the Waukesha Municipal Code. Those Code provisions define a public nuisance as a condition which substantially annoys, injures or endangers the comfort, health, repose or safety of the public; and also one that in any way renders the public insecure in life or the use of the property.

There is a great and immediate danger to public health and safety as a result of this condition. Therefore, as authorized by section 12.06(2) of the Waukesha Municipal Code, I hereby order you to do the following:

- 1. Within 24 hours of receipt of this notice, take the necessary steps to stabilize and reinforce the front exterior wall of the property so that it no longer stands in danger of collapse.**

If you do not comply with this order within 24 hours, the City of Waukesha shall take all necessary steps to perform these tasks and the cost of doing so will be charged to you.

So Ordered this 4th day of April, 2006.

By: _____

Steve Howard
Assistant Chief
City of Waukesha Fire Department

FILE

COPY



