



LANDMARKS COMMISSION APPLICATION

Monthly meeting is scheduled the first Wednesday of every month.

Application Deadline is 4:30 p.m. on 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:

Name: Becky + Ken Nelson

Phone-Home: 414-581-1015

Spouse's Name: Ken

Phone-Work: 414-331-1994

Mailing Address: 201 N. James St.

Occupation: Sales

Phone-Work: _____

Occupation: Warehouse Man

E-mail: beckynelson330@gmail

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
<input checked="" type="checkbox"/> 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:

Historic Name of Building: _____

Address of Historic Property: _____

Construction Date/Era: _____

Architectural Style: _____

Historic Background (Brief): _____

Have there been any recent alterations or repairs? ___ Yes ☒ No

Describe alterations/repairs:

Roof Replacement because I have a leak
a the chimney flashing

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? <u>garage + Hooke</u> Soffits, Fascia, Downspouts _____ 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? _____ Materials, Other _____
Other Exterior Repairs: _____ Awnings _____ Brickwork/Stonework _____ Cresting _____ Doors _____	Foundation: Extent of repair _____ Tuckpointing _____ Other _____
Porch: Repair or replacement? _____ Front or Side, Rear _____ Ornamentation _____ Finials, Other _____	Miscellaneous: _____ Landscaping _____ Fences _____ Paving/Brick Pavers _____

This is an emergency - due to a leak at my chimney flashing

Estimated start date: June 1st 2020

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?
☒ **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:

Fire place - flashing and tuck pointing

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 LANSCAPING

- ☐ 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: Becky Brunn-Nelson Date: 05-29-2020

Office use only:

Received by: _____ Inspected/Photographed By _____

COA Approved: ☐ Yes ☐ No Authorized By _____

Moved: _____

Seconded: _____

Vote: _____

Comments: _____

LCP & R Approved: ☐ Yes ☐ No Authorized By _____

Moved: _____

Seconded: _____

Vote: _____

Comments: _____

