



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 (the Monday of the week before each Landmarks Commission meeting).

Date Received: 6-8-21

Paid: \$15 Rec'd. By ma
Trakit #: _____

I am applying for a:

- ☒ Certificate of Appropriateness (COA) - **\$15 application fee required.**
☐ Paint and Repair Grant (no fee)

A. General Information:



CARROLL
UNIVERSITY

Phone-Work: _____

Mailing Address: _____

100 N. East Avenue
Waukesha, WI 53186

Occupation: _____

Phone-Work: _____

Occupation: _____

E-mail: _____

Robert T. Rafel, MBA
Senior Project Manager

rrafel@carrollu.edu

Office: 262.524.7642

Mobile: 262.617.6239

Fax: 262.524.7311

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

NA

☐ 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: _____

BETTY LEE TIKAVSKY HOUSE

Address of Historic Property: _____

120 WRIGHT ST

Construction Date/Era: _____

1892

Architectural Style: _____

Historic Background (Brief): _____

Have there been any recent alterations or repairs? K Yes ☐ No

Describe alterations/repairs:

Home Completely RENOVATED FOR OFFICE USE IN 2009

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>Yes</u> Soffits, Fascia, Downspouts _____ Eaves, Gutters <u>Will be Reused</u> Shingle type/style/color _____	Chimney(s): Repair or replacement? <u>No</u> Flashing <u>No</u> Tuckpointing <u>No</u>
Siding: Repair or replacement? <u>No</u> Paint Colors, Materials _____ Shingling and Ornamentation/Stickwork _____	Windows: Repair or replacement? <u>No</u> Materials, Other _____
Other Exterior Repairs: <u>No</u> Awnings _____ Brickwork/Stonework _____ Cresting _____ Doors _____	Foundation: Extent of repair <u>No</u> Tuckpointing _____ Other _____
Porch: Repair or replacement? <u>No</u> Front or Side, Rear _____ Ornamentation _____ Finials, Other _____	Miscellaneous: <u>No</u> Landscaping _____ Fences _____ Paving/Brick Pavers _____

FOUND EXACT MATCH SHINGLES FOR HOME. ROOF WILL BE STRIPPING & REPAVED.
GUTTER WILL BE REUSED. FLAT ROOF WILL REMAIN - NO CHANGE.

Estimated start date: 6/10/2021

Estimated completion date: 6/15/2021

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

Status: _____

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

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

Complete Rehab 2009

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

☒ No ☐ Yes If yes, please describe:

NOT IN THE SHORT TERM

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:

Project Cost: \$23,285

**Carroll University – Betty Lou Tikalsky House
124 Wright St – Roof Replacement**



South Elevation



North Elevation



West & North Elevations



LEFT: Roof Color Selection.

CertainTeed Landmark Pro – Timberline Slate

After checking with several vendors and roofing suppliers, it was confirmed 3-Tab shingles are not being manufactured in any color. Note the sample marked new is the exact match of the existing shingle.

The pictures on the left are the same color shingles that are currently on the historic home. The entire main roof will be stripped, redocked & re-roofed. The flat roof in the rear will not be re-done. All existing gutters and downspouts will be re-used.

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:  Robert B. SmithDate: 6/7/2021**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: _____

