



June 4, 2025

Alexandria & Nick Gorjestan
325 E Newhall Ave
Waukesha, WI 53186

Re: Historic Tax Credit Certification Application
Project Number WI250044

Dear Alexandria & Nick Gorjestan,

On June 3, 2025, we received from you a request to amend your tax credit project, number WI250044. The purpose of the amendment was to add the replacement of deteriorated storm windows and damaged trim and fascia boards.

Your request for amendment meets the Secretary of the Interior's Standards for Rehabilitation as described in your contractor Thoughtful Craftsmen's methodology for the repairs. The additional work is hereby approved and has been added to the list of eligible work.

If you have any questions about this review, please contact Paul Porter at 608-264-6491 or Paul.Porter@wisconsinhistory.org.

Sincerely,

A handwritten signature in blue ink, appearing to be 'P. Porter', written over a horizontal line.

Paul Porter
Tax Credit Reviewer-Eastern District



Homeowner's Historic Rehabilitation Tax Credit Application
Part 2 – Amendment to Existing Application

Rec'd
6/12/25

1.) **Property Address** Street 325 E NEWHALL AVE
City WAUKESHA County WAUKESHA Zip 53186
WHS Project No. of existing application to amend WI250044
2.) **Owner's Name** ALEXANDRIA & NICK GORJESTANI
Street 325 E NEWHALL AVE
City WAUKESHA County WAUKESHA Zip 53186
Email address ALEXANDRIALIPP@GMAIL.COM

3.) **Describe the Work and Attach Contractors' Estimates**

Work Item	Updated Total Cost	Start Date mm/dd/yyyy	Completion Date mm/dd/yyyy	Photos enclosed	Contractors' estimates enclosed
Soffit, Fascia, Trim	\$12,000	09/08/2025	10/01/2025	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Window	\$14,000	09/08/2025	10/01/2025	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

*Only \$40,000 can be claimed per application for all eligible work.

Describe proposed changes to previously approved work item, location, existing condition, construction/repair methods, list material to be used for repair, additional costs below. Attach additional sheets if necessary.

Repairs to damaged soffit, fascia, trim and window. Contractor's detailed proposal attached

4.) **Owner's Certification**

Signature of Owner Alexandria Gorjestani Date 05/31/2025

I hereby apply for certification of rehabilitation work for the above-named property for purposes of the Wisconsin Historic Rehabilitation Credit program. I hereby attest that the information given is true to the best of my knowledge. I also attest that I own the property described above and that it is my personal residence.

STATE HISTORIC PRESERVATION OFFICE USE ONLY WHS PROJECT NO. WI250044

The State Historic Preservation Office has reviewed this application for the above-named property and has determined that:
☒ the property is a historic property and the rehabilitation work as described meets the Secretary of the Interior's Standards for Rehabilitation. This is a preliminary determination only. Final certification can be issued only after work has been completed and a Request for Certification of Completed Work has been submitted and approved.

☐ the property is a historic property and the rehabilitation will meet the Secretary of the Interior's Standard for Rehabilitation if the attached conditions are met. This is a preliminary determination only. Final certification can be issued only after work has been completed and a Request for Certification of Completed Work has been submitted and approved.

NON-CERTIFICATION

☐ THE OWNER MAY NOT CLAIM THE TAX CREDIT. The proposed change to the application is not consistent with the historic character of the property and the project does not meet the Secretary of the Interior's Standards for Rehabilitation for reasons given in the attached materials.

For the State Historic Preservation Officer

Date 6/4/25