CITY OF ST. CHARLES ILLINOIS • 1834	**HISTORIC PRESERVATION COMMISSION AGENDA ITEM EXECUTIVE SUMMARY**			
	Agenda Item Title/Address:	COA: 105 E Main St.		
	Significance:	Significant		
	Petitioner:	Curt Hurst		
	Project Type:	Storefront		
	PUBLIC HEARING		**MEETING 9/18/24**	**X**

Agenda Item Category:

	Preliminary Review		Grant
X	Certificate of Appropriateness (COA)		Other Commission Business
	Landmark/District Designation		Commission Business

Attached Documents:	**Additional Requested Documents:**
Application, plans	

Project Description:

- Install new aluminum storefront system and windows.

Staff Comments:

Recommendation / Suggested Action:

- Provide feedback and recommendation on approval of the COA

APPLICATION FOR COA REVIEW

HISTORIC PRESERVATION "CERTIFICATE OF APPROPRIATENESS"

COMMUNITY & ECONOMIC DEVELOPMENT DEPARTMENT / CITY OF ST. CHARLES (630) 377-4443

ST. CHARLES SINCE 1834

To be filled out by City Staff

Permit #: _____--_____ Date Submitted: ____/____/_____ COA # _____--_____ Admin. Approval: _____

APPLICATION INFORMATION

Address of Property: 105 E Main Street

Use of Property: ☑Commercial, business name: Rock n' Ravioli

☐ Residential ☐Other: _____

Project Type:

☒ Exterior Alteration/Repair
- ☒Windows
- ☐Doors
- ☐Siding - Type: _____
- ☐Masonry Repair
- ☐Other_____

☐ Awnings/Signs

☐ New Construction
- ☐Primary Structure
- ☐Additions
- ☐Deck/Porch
- ☐Garage/Outbuilding
- ☐Other_____

☐ Demolition
- ☐Primary Structure
- ☐Garage/Outbuilding
- ☐Other_____

☐ Relocation of Building

Description:

Replace broken store front (see attached detail for new installation)

Applicant Information:

Name (print): STC Arcada

Address: 5 E Main Street

Phone: 630-330-7215

Email: curt@frontierdevelopmentgroup.com

Applicant is (check all that apply):

☐ Property Owner
☐ Business Tenant
☐ Project contractor
☐ Architect/Designer

Property Owner Information (if not the Applicant)

Name (print): same

Address: _____

Signature: _____

APPLICANT/AUTHORIZED AGENT SIGNATURE

I agree that all work shall be in accordance with the plans, specifications and conditions which accompany this application, and I have read and understand the Historic Preservation COA General Conditions.

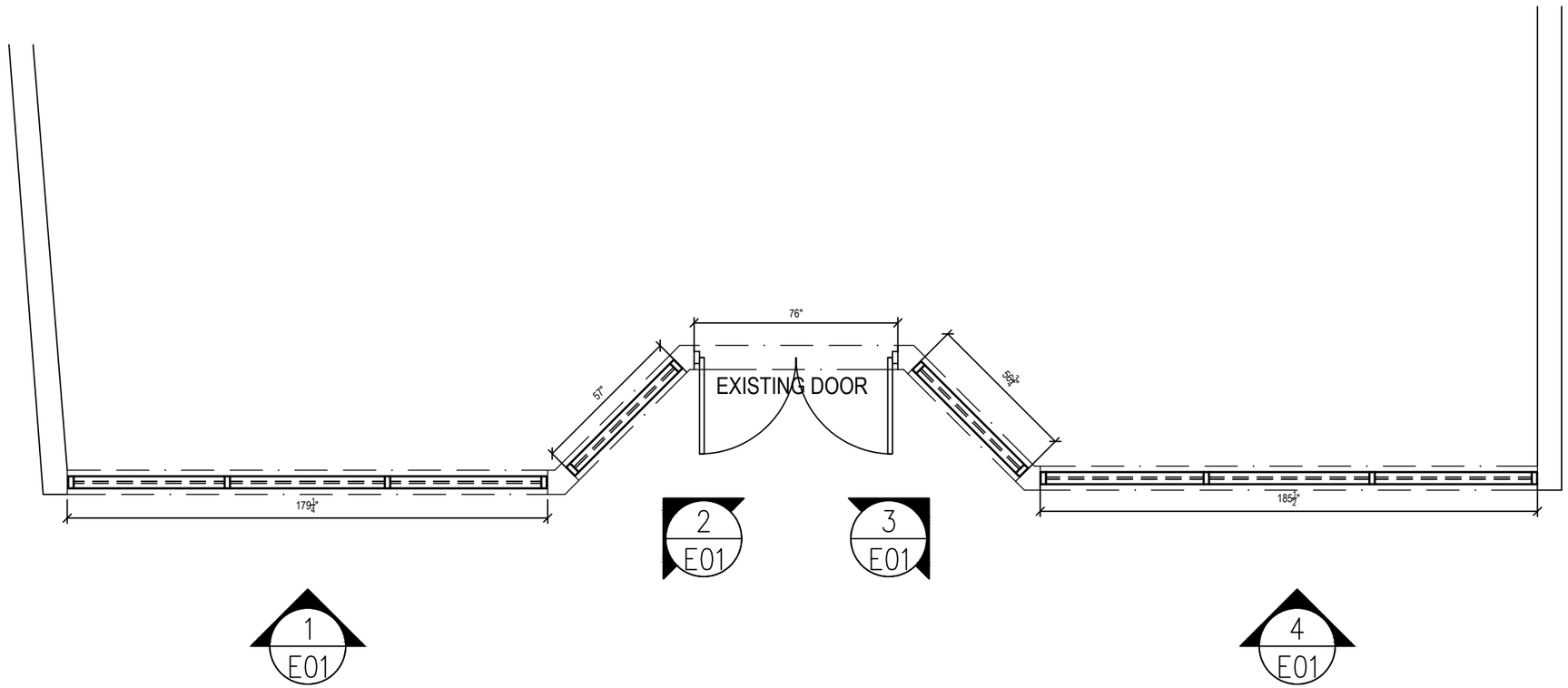
Signature: _____ Date: 09/12/2024

1 NORTH ELEVATION

SCALE: 3/16" = 1'-0"

LOCATION05 E. MAIN STREET
ST. CHARLES, IL 60174

PLAN #: 1
PROJECT#19026



Broken Glass, Inc

455 N . ARTESIAN AVE,
CHICAGO, IL 60612
INFO@BROKENGLASSINC.COM
P: (312) 733-7003
F: (312) 733-7004

NO.	DATE	BY	DESCRIPTION OF REVISIONS

PROJECT:
ARCADIA ST CHARLES
109 E Main St, CHARLES, IL

PHASE:
FOR APPROVAL

SUBMITTAL DATE:
09/05/2024

ARCHITECT:
N/A
XX
XX. XX
PH:(XXX) XXX-XXXX

GENERAL CONTRACTOR:
FRONTIER DEVELOP., LLC
1 EAST MAIN STREET
ST. CHARLES, IL 60174
PH:(XXX) XXX-XXXX.

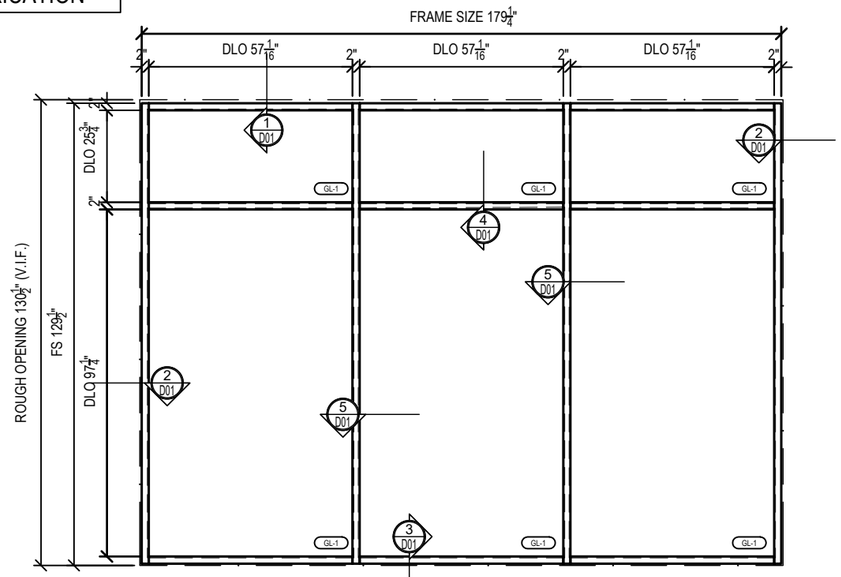
SHEET TITLE:
FLOOR PLAN

DRAWN: TI

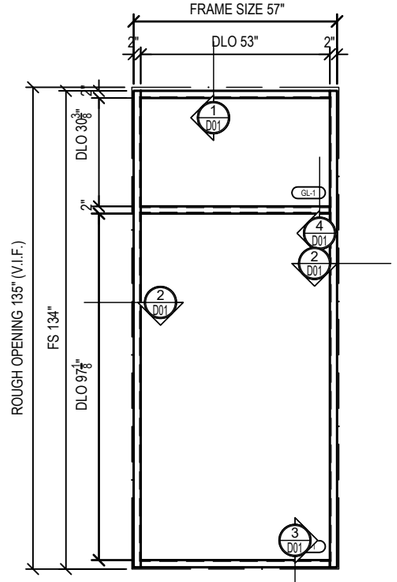
SCALE: NO SCALE

SHEET NUMBER:
FP01

ALL ROUGH OPENING DIMENSIONS TO BE FIELD MEASURED PRIOR TO FABRICATION



10 EXTERIOR STOREFRONT
QTY: 1-THUS
FRAME: AF1



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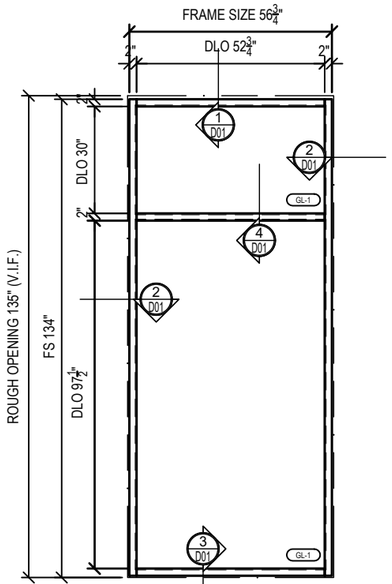
FRAME: AF1



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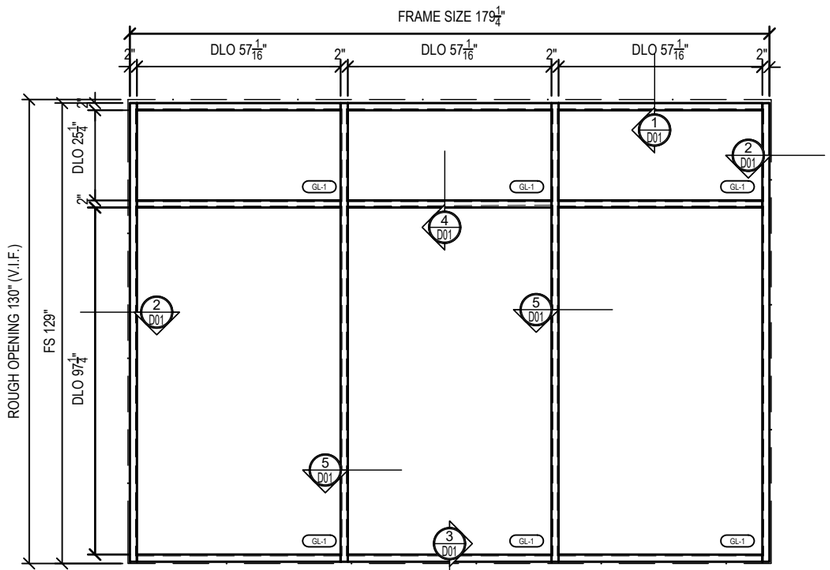
FRAME: AF1



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NO.	DATE	BY	DESCRIPTION OF REVISIONS

PHASE: FOR APPROVAL
SUBMITTAL DATE: 09/05/2024

PROJECT:
ARCADIA ST CHARLES
109 E Main St, CHARLES, IL

GENERAL CONTRACTOR:
FRONTIER DEVELOP., LLC
1 EAST MAIN STREET
ST. CHARLES, IL 60174
PH:(XXX) XXX-XXXX.

ARCHITECT:
N/A
XX
XX, XX
PH:(XXX) XXX-XXXX

SHEET TITLE:
EXTERIOR STOREFRONT ELEVATIONS

DRAWN: TI
SCALE: NO SCALE

SHEET NUMBER:
E01