		HISTORIC PRESERVATION COMMISSION AGENDA ITEM EXECUTIVE SUMMARY						
		Agenda Item Title/Address:	COA: 1 S 6 <sup>th</sup> Ave.  Retaining Wall					
		Proposal:						
ST. CHARLES		Petitioner:	St. Charles Library					
		Please check appropriate box (x)						
		PUBLIC HEARING				MEETING 5/6/20	X	
AGENDA ITEM CATEGORY:								
	Preliminary	Review			Grant			
X	Certificate of	of Appropriateness (COA)			Other Commission Business			
	Landmark/District Designation				Commission Business			
ATT	CACHMENT	S:						
Appl	ication							
Retai	ning wall desig	gn						
EXECUTIVE SUMMARY:								
During the approval of the new library project, the Commission requested additional details and design of the retaining wall along Illinois Ave. Additional wall details have been provided to the Commission to review.								
DEC	NO MATERIAL S			ON.				
RECOMMENDATION / SUGGESTED ACTION:								

• Provide feedback and recommendation on approval of the COA

## **APPLICATION FOR COA REVIEW**

## HISTORIC PRESERVATION "CERTIFICATE OF APPROPRIATENESS"



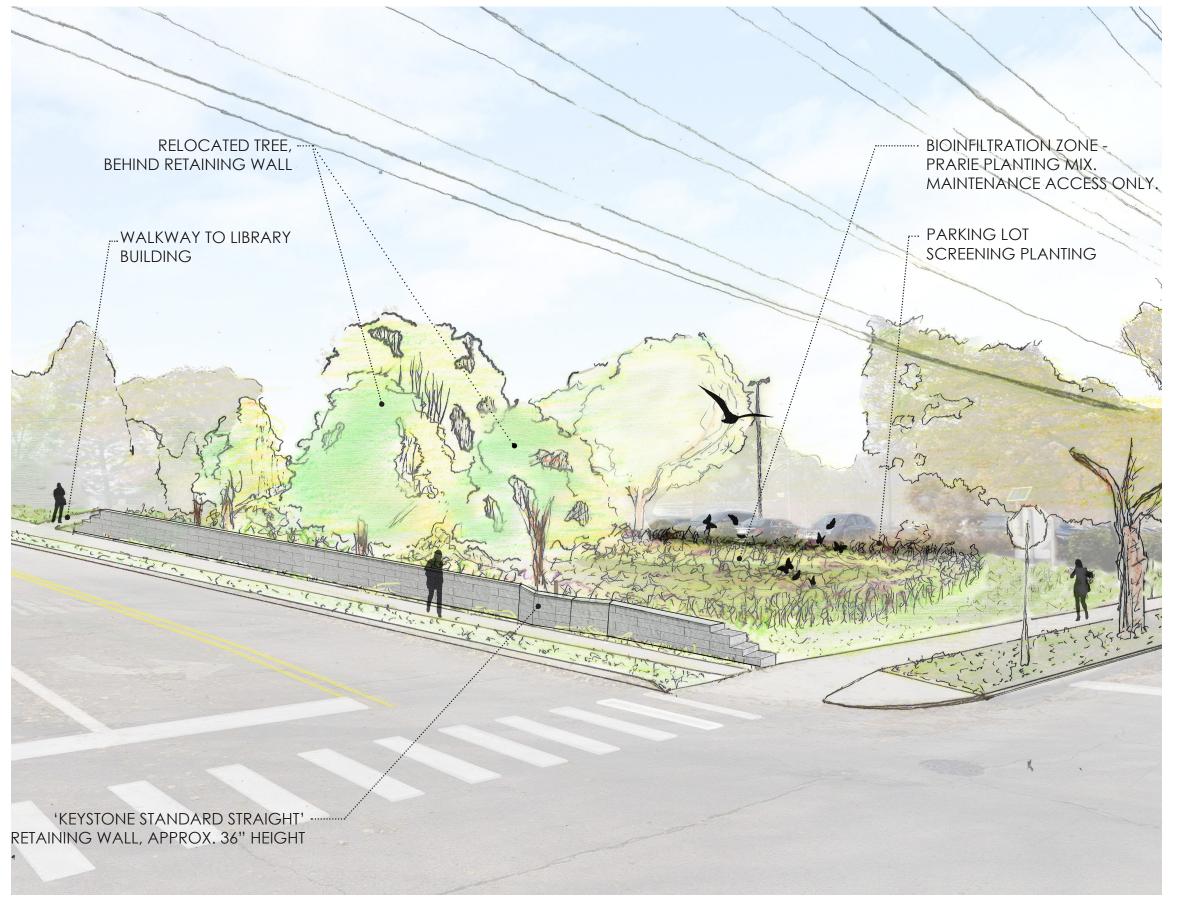
COMMUNITY & ECONOMIC DEVELOPMENT DEPARTMENT / CITY OF ST. CHARLES

(630) 377-4443

COMMUNITY & ECONOMIC D	EVELOPMENT DEPARTMENT/CITY OF ST. CHARLES	(030) 311-4443 SINCE 183					
To be filled out by City Staff							
Permit #:	Date Submitted:5 /_ 4 / 2020 COA #	Admin. Approval:					
APPLICATION INFORM	ATION						
Address of Property:	One South Sixth Avenue, St Charles, IL 60174						
	/=						
Use of Property:							
	☐ Residential						
Project Type:							
□ Exterior Alterati □ Windows □ Doors □ Siding - Type □ Masonry Rep □ Other □ Awnings/Signs  Description:  New retaining wall cor		□ Demolition □ Primary Structure □ Garage/Outbuilding □ Other □ Relocation of Building					
Applicant Information:		Applicant is (shock all that apply):					
Name (print):	Edith Craig	Applicant is (check all that apply):					
Address:	One South Sixth Avenue, St Charles, IL 60174	☑ Property Owner ☐ Business Tenant					
Phone:	630.584.0076	☐ Project contractor					
	acroid@corld org	☐ Architect/Designer					
Email: ecraig@scpld.org							
Property Owner Informa	tion (if not the Applicant)						
Name (print):	n/a						
Address:	<u>n</u> /a						
Signature:	n/a						
	AGENT SIGNATURE  If be in accordance with the plans, specifications and concand the Historic Preservation COA General Conditions.	itions which accompany this application, and					

Signature:

Date: 54-2020









RETAINING WALL SAMPLE IMAGES



