



ST. CHARLES  
SINCE 1834

**HISTORIC PRESERVATION COMMISSION  
AGENDA ITEM EXECUTIVE SUMMARY**

<b>Agenda Item Title/Address:</b>	COA: 416 Cedar Ave.
<b>Proposal:</b>	Windows
<b>Petitioner:</b>	Abel Roofing

**Please check appropriate box (x)**

**PUBLIC HEARING**

**MEETING  
5/6/20**

**X**

**AGENDA ITEM CATEGORY:**

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

**ATTACHMENTS:**

Application

Window Information

Photos

**EXECUTIVE SUMMARY:**

Proposed is to replace 8 windows due to damage and rot. The windows being replaced are all located on the second floor of Apartment B. See attached photos. The current windows are aluminum clad and the proposed windows will be white vinyl double hung windows.

**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

To be filled out by City Staff

Permit # 2020-00424 Date Submitted: \_\_\_/\_\_\_/\_\_\_ COA # \_\_\_-\_\_\_ Admin. Approval: \_\_\_\_\_

### APPLICATION INFORMATION

Address of Property: 416 Cedar Ave. Apt. "B" only

Use of Property:  Commercial, business name: \_\_\_\_\_  
 Residential  Other: \_\_\_\_\_

### Project Type:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Exterior Alteration/Repair | <input type="checkbox"/> New Construction   | <input type="checkbox"/> Demolition             |
| <input checked="" type="checkbox"/> Windows         | <input type="checkbox"/> Primary Structure  | <input type="checkbox"/> Primary Structure      |
| <input type="checkbox"/> Doors                      | <input type="checkbox"/> Additions          | <input type="checkbox"/> Garage/Outbuilding     |
| <input type="checkbox"/> Siding - Type: _____       | <input type="checkbox"/> Deck/Porch         | <input type="checkbox"/> Other: _____           |
| <input type="checkbox"/> Masonry Repair             | <input type="checkbox"/> Garage/Outbuilding | <input type="checkbox"/> Relocation of Building |
| <input type="checkbox"/> Other: _____               | <input type="checkbox"/> Other: _____       |   |
| <input type="checkbox"/> Awnings/Signs              |   |   |

### Description:

The 8 (eight) existing windows in Apartment "B" of this property are very damaged and rotten. it is necessary to replace them.

### Applicant Information:

Name (print): Maria Trevino (Abel Roofing) Applicant is (check all that apply):  
 Address: 963 Erie St  
 Phone: 224 402 5450  
 Email: abelroofing20@yahoo.com

Property Owner  
 Business Tenant  
 Project contractor  
 Architect/Designer

### Property Owner Information (if not the Applicant)

Name (print): Clinton Anderson  
 Address: 416 Cedar Ave.  
 Signature: [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: [Signature] Date: 4-8-2020

CITY OF ST CHARLES  
Application for Building Permit

RECEIVED  
APR - 9 2020



Building & Code Enforcement  
St. Charles, MO  
PHONE: (630) 377-4406

DEPARTMENT: BUILDING & CODE ENFORCEMENT

Application Date: 4/7/2020 Parcel No. \_\_\_\_\_ Permit No. \_\_\_\_\_

PLEASE PRINT ALL INFORMATION

I, Maria E Trevino do hereby apply for a permit for the following described work

located at 416 Cedar Ave Apt B Estimated Cost: 3,200.00

Description of proposed work: Remove windows and Install New windows  
If project is for "windows and doors" the proposed installation date: 4/10/2020

- Check List for Submittal of Application:
- Is your property located in the Historic Preservation District? Yes/No If yes, your application will need to be approved by the Historic Preservation Committee.
  - If any windows or doors are being replaced or installed new - documentation is required on the U-Factor rating.
  - Permit fee for Windows Replacement is \$35.00 PAYMENT IS BY CHECK PAYABLE TO THE CITY OF ST. CHARLES OR BY CASH.
  - Permit Fee for Door Replacement is \$55.00 PAYMENT IS BY CHECK PAYABLE TO THE CITY OF ST. CHARLES OR BY CASH.
  - Permit Fee for Siding is \$65.00 - PAYMENT IS BY CHECK PAYABLE TO THE CITY OF ST. CHARLES OR BY CASH.

Owner of the Property:  
Name: Clinton Anderson  
Address: 416 Cedar Ave  
City/State/Zip Code: St Charles  
Email: \_\_\_\_\_  
Telephone NO. 630-244-4141

Applicant:  
Name: Maria Trevino  
Address: 963 Eric St  
City/State/Zip Code: Elgin IL 60123  
Email: abelroofing2@yahoo.com  
Telephone NO. 224-402-5950

General Contractor:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_  
Telephone NO. \_\_\_\_\_

Contractor:  
Name: Abel Roofing & Const  
Address: 963 Eric St  
City/State/Zip Code: Elgin IL  
Email: \_\_\_\_\_  
Telephone NO. 224-402-5950

I, the undersigned, certify that if a permit is issued to me, I will comply with all provisions of the building, plumbing, electric and other applicable ordinances of the City of St. Charles and shall perform all work, or cause all work to be performed according to the provisions of said ordinances. I, or my agent, shall personally supervise the work and shall do, or cause to have done, said work according to plans, specifications and other written information supplied as a part of this application. I am familiar with the applicable ordinances and the provision thereof and in signing this application do willingly become responsible for all work accomplished under the permit by all contractors, tradesmen and workmen, and shall call for inspections as required at a minimum of 24-hours before they become due.

PRINT NAME: Maria Trevino SIGNATURE: [Signature]

REPORT OF THE BUILDING OFFICIAL

For Office Use	
Received	_____
Fee Paid \$	_____
Check #	_____

Accepted: \_\_\_\_\_ Rejected: \_\_\_\_\_ Date: \_\_\_\_\_  
Signed: \_\_\_\_\_



www.langexterior.com



**LANG EXTERIOR INC**

2529 N. Pulaski Rd.  
Chicago, IL 60639  
773-772-6800 P  
773-772-1411 F  
TSA

**Order Confirmation**  
Contract Receipt - Order Terms & Conditions

Date Printed: 4/7/2020 10:34 Order Date: 4/7/2020  
ORIGINAL 2001

**WE WILL NOT BE UNDERSOLD!**

**WE WILL BEAT ANY PRICE BY 10% IF WE ARE NOT CHEAPER ON PRODUCTS WE MANUFACTURE**

(With proof & must be comparable product. Not valid with other offers or promotions. Up to 100 windows. Some restrictions may apply.)

**SOLD TO:**

ABEL ROOFING & CONST.  
HERMES SAENZ  
963 ERIE ST  
ELGIN IL 60123  
(847) 502-6949  
Fax: (847) 931-1093

**JOB ADDRESS/SHIP TO:**

SANCHAVAS  
963 ERIE ST  
ELGIN IL

QTY	PARTNO	DESCRIPTION
0	COM3502045	--PLEASE READ-- LANG EXTERIOR IS IN NO WAY RESPONSIBLE FOR ANY U. FACTOR RATINGS FOR ANY TOWN, CITY AND STATE REQUIREMENTS; IT IS THE CONTRACTOR'S RESPONSIBILITY TO FIND OUT REQUIREMENTS NEEDED PER ORDER THEY PLACE.
0	COM3502046	--PLEASE READ-- CUSTOMER UNDERSTANDS THE SCREENS ARE MADE OF ALUMINUM, THEREFORE THEY WILL BE CLOSE IN COLOR BUT WILL NOT BE EXACT.
0	COM3502048	--PLEASE READ-- CUSTOMER UNDERSTANDS SOME WINDOWS HAVE ONE LOCK AND SOME HAVE TWO LOCKS AND WANTS IT THIS WAY.
2	WVDH3606211	WIDTH ==> 33 3/4 X HEIGHT ==> 61 1/2 TIP-TIP , WHITE (1600 VINYL DOUBLE HUNG), GLASS: 7/8" INSULATED - LOW-E (ARGON GAS), BALANCERS: SPIRAL, SCREEN: HALF, DOUBLE LOCKS, SILL ANGLE: NONE, NO HEADER
1	WVDH3606213	WIDTH ==> 27 1/2 X HEIGHT ==> 61 1/2 TIP-TIP , WHITE (1600 VINYL DOUBLE HUNG), GLASS: 7/8" INSULATED - LOW-E (ARGON GAS), BALANCERS: SPIRAL, SCREEN: HALF, SILL ANGLE: NONE, NO HEADER
5	WVDH3606214	WIDTH ==> 32 X HEIGHT ==> 62 1/4 TIP-TIP , WHITE (1600 VINYL DOUBLE HUNG), GLASS: 7/8" INSULATED - LOW-E (ARGON GAS), BALANCERS: SPIRAL, SCREEN: HALF, DOUBLE LOCKS, SILL ANGLE: NONE, NO HEADER

This order has: (8) 1600 VINYL DOUBLE HUNG.

*Purchase your caulk, coil, and supplies.*

**TERMS AND CONDITIONS APPLY TO EACH PAGE OF ORDER SIGNED OR UNSIGNED**  
ONCE THIS ORDER IS PRINTED AND SENT TO YOU, THE CUSTOMER, THERE ARE ABSOLUTELY NO REFUNDS OR CANCELLATIONS. CUSTOMER AGREES TO THE TERMS AND CONDITIONS SET FORTH ON THE LAST PAGE HEREOF, WHICH TERMS AND CONDITIONS ARE PART OF, AND INCORPORATED INTO, THIS CONTRACT. LANG EXTERIOR IS NOT RESPONSIBLE FOR SALES OR USE TAX OR OTHER APPLICABLE TRANSACTION TAXES ON DELIVERIES OUTSIDE OF ILLINOIS. ANY PAYMENT MADE ON THIS ORDER CONSTITUTES AN ACCEPTANCE OF ORDER AND ITS TERMS AND CONDITIONS. ALL MONIES ARE APPLIED TO ACCOUNT, NOT PER ORDER BASIS. LANG EXTERIOR RESERVES THE RIGHT TO APPLY PAYMENTS TO ORDERS HOWEVER THEY SEE FIT. IF THE WORD OVERSIZE APPEARS ON THIS CONTRACT THERE IS NO WARRANTY.

**ABSOLUTELY NO CANCELLATIONS OR REFUNDS UNLESS AGREED TO BY LANG.**  
**ORDERS ARE CUSTOM MADE. I have read and agree to all terms and conditions.**

SUB-TOTAL	1179.14
10.25%	120.86
DELIVERY	0.00
TOTAL	1300.00
DEPOSIT	-1300.00
BALANCE DUE	0.00

Sign Here X

Number of Disclaimers: 0

Please double check all pages of order before signing. 1 of 2



963 Erie Street  
Elgin, IL 60123

**Hermes C. Saenz**  
**Abel Roofing and Construction**  
SPECIALIZING IN SHINGLES AND CEDAR SHAKES

847-502-6949  
Fax: 847-931-1093  
AbelRoofing2@yahoo.com

PROPOSAL SUBMITTED TO <b>Clinton Anderson</b>	PHONE	DATE <b>4-1-2020</b>
STREET <b>916 cedar Ave.</b>	JOB NAME	
CITY, STATE AND ZIP CODE <b>St Charles IL</b>	JOB LOCATION <b>916 cedar Ave.</b>	
DAY TO START	<b>St Charles, IL</b>	JOB PHONE

We hereby submit specifications and estimates for:

**Job include**

**Remove existing 8 windows at apartment "B"**

**Install New (8) windows**

**Abel Roofing guarantees labor against for 3 yrs.**

**fully state licensed, workers comp, general liability and Bond**

We Propose hereby to furnish material and labor - complete in accordance with the above specifications, for the sum of:

**Three thousand two hundred dollars (\$3,200.00)**

Payment to be made as follows:

All material is guaranteed to be as specified. All work to be completed in a workmanlike according to standard practices. Any alteration or deviation from above specifications involving extra costs will be excuted only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents, or delays beyond our control. Owner to carry fire, tornado, and other necessary insurance. Our workers are fully covered by Workman's Compensation Insurance.

Authorized Signature

Note: This proposal may be withdrawn by us if not accepted within \_\_\_\_\_ days.

Acceptance of Proposal - The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above

Signature: **Clinton Anderson**

Date of Acceptance: **4-2-2020**

Signature: \_\_\_\_\_



www.langexterior.com



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2529 N. Pulaski Rd.  
Chicago, IL 60639  
773-772-6800 P  
773-772-1411 F  
TSA

## Order Confirmation

Contract Receipt - Order Terms & Conditions

Date Printed: 4/13/2020 7:44

Order Date: 4/7/2020

REPRINT 1

2001

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(With proof & must be comparable product. Not valid with other offers or promotions. Up to 100 windows. Some restrictions may apply.)

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0	COM3503488	--SPECIAL-- .32 U FACTOR
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