 <p>CITY OF ST. CHARLES ILLINOIS • 1834</p>	HISTORIC PRESERVATION COMMISSION AGENDA ITEM EXECUTIVE SUMMARY			
	Agenda Item Title/Address:	COA: 202 W Main St.		
	Significance:	Contributing		
	Petitioner:	Caelan Hayes		
	Project Type:	Sign		
PUBLIC HEARING			MEETING 1/11/23	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, sign information				
Project Description:				
<ul style="list-style-type: none"> Proposed is to install an illuminated cabinet sign along Main St. 				
Staff Comments:				
Recommendation / Suggested Action:				
<ul style="list-style-type: none"> 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 #: _____ Date Submitted: 12/27/22 COA# _____ Admin. Approval: _____

APPLICATION INFORMATION

Address of Property: 202 W. MAIN STREET

Use of Property: Commercial, business name: THE MCKAY GROUP / COLDWELL BANKER
 Residential Other: _____

Project Type:

- | | | |
|---|---|---|
| <input type="checkbox"/> Exterior Alteration/Repair | <input type="checkbox"/> New Construction | <input type="checkbox"/> Demolition |
| <input 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 checked="" type="checkbox"/> Awnings/Signs | | |

Description:

(1) ILLUMINATED CABINET ON south ELEVATION Approved by owner

Applicant Information:

Name (print): CAELAN HAYES
 Address: 1359 YORKSHIRE DR. STREAMWOOD
 Phone: (630) 414.5656
 Email: CAELAN@IBRANDVISUAL.COM

Applicant is (check all that apply):

Property Owner

Business Tenant

Project contractor


Architect/Designer

Property Owner Information (if not the Applicant)

Name (print): Denver Capital, LLC
 Address: 123 W Washington Street Suite 214, Oswego, IL 60543
 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: 12/14/22

A SINGLE FACE - EXTERIOR BUILDING SIGN - ILLUMINATED
SCALE: NTS

OPTION C

ILLUMINATED BUILDING SIGN



PROPOSED VIEW:



SPECIFICATIONS

QTY. 1(ONE) SINGLE FACE ILLUMINATED SIGN

RETAINER & RETURN: TO BE BLACK

FACE: ROUTED AND BACKED WITH TRANSLUCENT WHITE POLYCARBONATE

GRAPHICS: ROUTED AND BACKED

ILLUMINATION: WHITE LEDs

MOUNTING: FLUSH TO BRICK FACADE WITH MECHANICAL FASTENERS

ELECTRICAL: CLIENT TO PROVIDE WITHIN 6 FEET OF SIGN LOCATION

EXAMPLES OF ROUTED & BACKED SIGNS:

