

	<b>HISTORIC PRESERVATION COMMISSION AGENDA ITEM EXECUTIVE SUMMARY</b>			
	<b>Agenda Item Title/Address:</b>	COA & Façade Improvement Grant: 102 E. Main St. – Riverside Pizza & Pub		
	<b>Proposal:</b>	Window repair, installation of storm windows		
	<b>Petitioner:</b>	Steve Nilles, Riverside Pizza & Pub		
<b>Please check appropriate box (x)</b>				
<b>PUBLIC HEARING</b>			<b>MEETING 5/4/16</b>	<b>X</b>
<b>AGENDA ITEM CATEGORY:</b>				
X	Certificate of Appropriateness (COA)	X	Façade Improvement Plan	
	Preliminary Review		Landmark/District Designation	
	Discussion Item		Commission Business	
<b>ATTACHMENTS:</b>				
Façade Grant Application				
Quote for proposed work				
Photos of building				
<b>EXECUTIVE SUMMARY:</b>				
<p>Riverside Pizza &amp; Pub has requested a Façade Improvement Grant to help fund repair of certain windows on the west side elevation.</p> <p>The Commission reviewed and tabled this item on 3/16/16.</p> <p>Based on direction from the Commission, the applicant has obtained a revised proposal that includes the following:</p> <ul style="list-style-type: none"> <li>• Keeping, but repairing the existing windows.</li> <li>• Installation of storm window panels.</li> </ul> <p>The cost of work is estimated at \$1,900. The grant could cover up to \$950.</p> <p>A Façade Improvement Grant for \$10,000 was approved for the property in April 2014 for new awnings, signs, and front façade treatment. The maximum amount of all grants for a specific property within a five-year period is capped at \$20,000.</p>				
<b>RECOMMENDATION / SUGGESTED ACTION:</b>				
Provide feedback and recommendations on approval of the COA and Façade Improvement Grant.				

Received 3/14/16

**CITY OF ST. CHARLES  
FACADE IMPROVEMENT PROGRAM  
APPLICATION FORM**

A non-refundable fee of \$50.00 must accompany this application. Checks should be made payable to the City of St. Charles.

1) Applicant: Riverside Pizza & Pub - Steve Nilles  
(Name)

Home Address: \_\_\_\_\_

Business Address: 102 E Main St. Charles, IL 60174 630-549-6644  
(Street) (City/State/Zip) (Phone)

Federal Tax ID Number: \_\_\_\_\_

2) Building or establishment for which the reimbursement grant is sought  
102 E. Main, St. Charles, IL 60174  
(Street Address)  
09-27-386-003  
(Property Identification Number)

4) Is this property listed on the National Registry or designated as a Local Landmark:  Yes  No

3) Proposed Improvements(Check all that apply):

- Canopy/Awning
- Windows/Doors
- Tuck pointing/Masonry Repair
- Masonry Cleaning
- Painting
- Other(Please Specify) \_\_\_\_\_
- Signage
- Exterior Lighting
- Restoration of Architectural Features
- Rear Entrance Improvements(Please specify below)

Describe the scope and purpose of the work to be done:  
Replace rotten sashes and single pane windows with more energy efficient insulated windows.

Preliminary Cost Estimate: \$ 1945

City's Grant Amount: \$ 972.50

4) Statement of Understanding:

- A. I agree to comply with the guidelines and procedures of the St. Charles Façade Improvement Program.
- B. I understand that I must submit detailed cost documentation, copies of bids, contracts, invoices, receipts, and contractor's final waivers of lien upon completion of the approved improvements.
- C. I understand that work done before a Façade Improvement Agreement is approved by the City Council is not eligible for a grant.
- D. I understand the Façade Improvement reimbursement grants are subject to taxation and that the City is required to report the amount and recipient of said grants to the IRS

Signature  \_\_\_\_\_  
Applicant

If the applicant is other than the owner, you must have the owner complete the following certificate:

I certify that I am the owner of the property at \_\_\_\_\_, and that I authorize the applicant to apply for a reimbursement grant under the St. Charles Facade Improvement Program and undertake the approved improvements.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Owner

# RONNICK CONSTRUCTION PROPOSAL

620 STATE STREET  
ST. CHARLES, ILLINOIS. 60174  
630. 886-9298

No.	
Date	4/30/16
Sheet No.	

### Proposal Submitted To:

Name **STEVE NILES**  
 Street  
 City State  
 Phone **630 673-6805**

### Work To Be Performed At:

**RIVERSIDE PIZZA**  
 Street **102 E. MAIN ST.**  
 City **ST. CHARLES** State **IL**  
 Date of Plans Architect

We hereby propose to furnish the materials and perform the labor necessary for the completion of

## WINDOW REPAIR AND STORM INSTALLATION:

- REGLAZE WINDOWS WHERE NEEDED.
- PAINT GLAZING TO MATCH EXISTING.
- REPAIR ROTTED SILL & PAINT.

PURCHASE & INSTALL STORM WINDOW PANELS.

All material is guaranteed to be as specified, and the above work to be performed in accordance with the drawings and specifications submitted for above work and completed in a substantial workmanlike manner for the sum of Dollars (\$ **1900.-**).

with payments to be made as follows: **\$1400. DEPOSIT DUE AT START**  
**\$500. DUE UPON COMPLETION.**

Any alteration or deviation from above specifications involving extra costs, will be executed 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 upon above work. Workmen's Compensation and Public Liability Insurance on above work to be taken out by

Respectfully submitted **RONALD RUDNICK**  
Per **STEVE NILES**

**COUNTRY FINANCIAL**

Note—This proposal may be withdrawn by us if not accepted within **30** days.

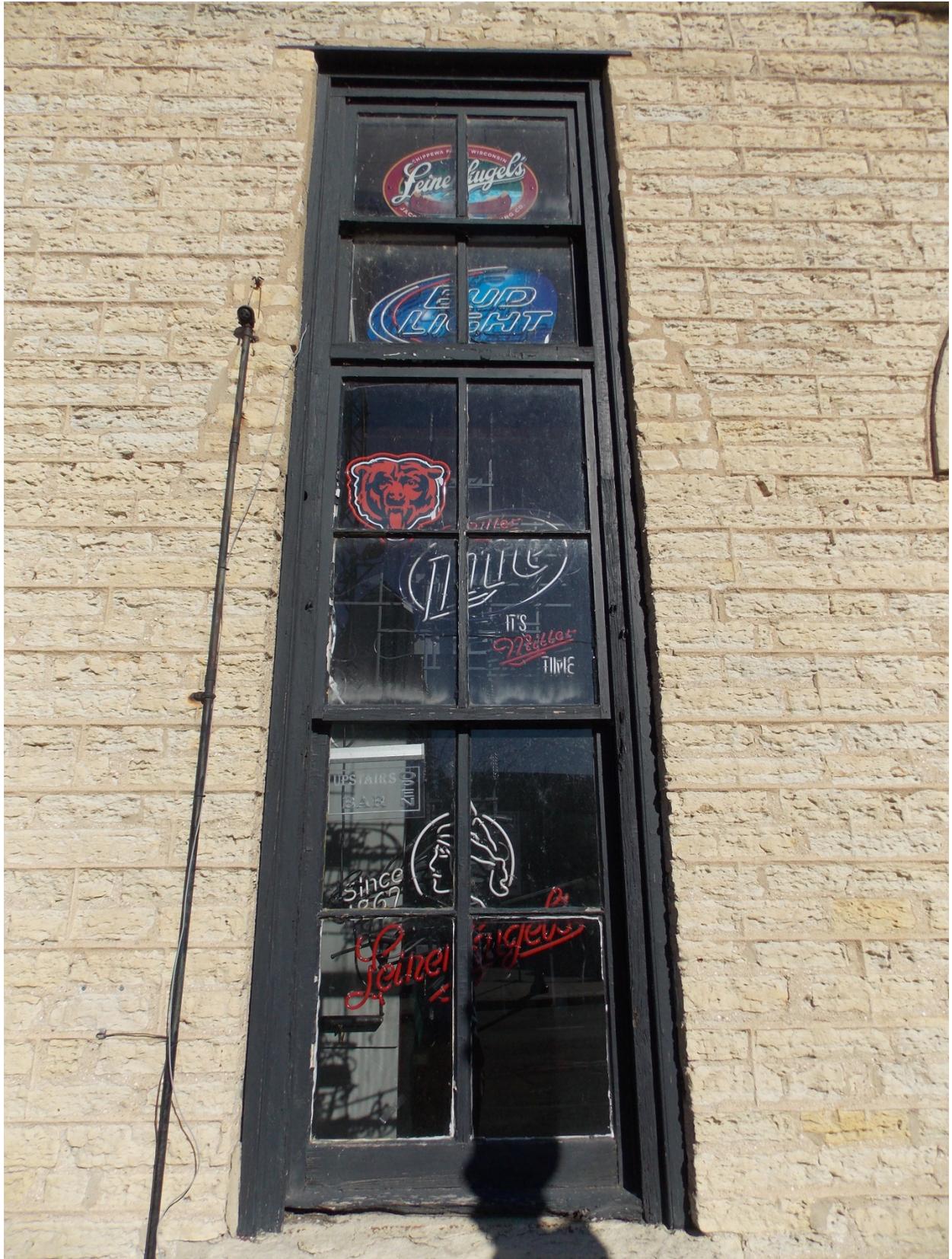
### ACCEPTANCE OF PROPOSAL

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

Signature

Date







RIVERSIDE  
PIZZA  
UPSTAIRS PUB  
102 E. Main St.



