

 <b>ST. CHARLES</b> <small>S I N C E 1 8 3 4</small>		<b>AGENDA ITEM EXECUTIVE SUMMARY</b>					
		Title:	Recommend approval of a Façade Improvement Grant for 108 S. 2 <sup>nd</sup> Street (LTC Group)				
		Presenter:	Russell Colby				
<i>Please check appropriate box:</i>							
	Government Operations				Government Services		
X	Planning & Development (5/14/12)				City Council		
Estimated Cost:	\$11,400			Budgeted:	YES	X	NO
If NO, please explain how item will be funded:							
<b>Executive Summary:</b>							
LTC Group LLC, owner of the building occupied by the Doc Morgan Company, has applied for Façade Improvement Grant funding.							
<p>The Façade Improvement Grant program provides assistance to property owners and commercial tenants to rehabilitate and restore the exterior of buildings in the downtown. Grant funding is available first for buildings located in Special Service Area 1B (Downtown Revitalization) and secondarily for other properties located outside SSA 1B but within the Central Historic District. Applications are first reviewed by the Historic Preservation Commission for appropriateness of design. The grants are provided as a reimbursement for up to 50% of the funds invested into an exterior rehabilitation project, up to \$10,000 for a 30 ft. length of building façade. There is a limit of \$20,000 of grant funds per property in any 5 year period. The program budget for FY 12-13 is \$40,000.</p> <p>The project scope includes the reconstruction of the exterior entrance stairs, utilizing the existing materials. The staircase will be dismantled and reassembled. Materials will be cleaned or replaced with like materials as needed.</p> <p>The proposed cost of work is \$22,800. The Façade Grant would fund a maximum of \$11,400. The property has not received a Façade Grant in the past.</p> <p>The Historic Preservation Commission has recommended approval of the grant.</p>							
<b>Attachments:</b> <i>(please list)</i>							
Façade Improvement Application and cost estimates Photos of the building							
<b>Recommendation / Suggested Action</b> <i>(briefly explain):</i>							
Staff recommends approval of the Façade Improvement Agreement.							
<i>For office use only:</i>		<i>Agenda Item Number: 3b</i>					

Received 2/1/12  
#3

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: LTC Group LLC  
Pam Bierman / Rod Miller

Home Address:

Business Address: 108 S. 2ND ST. STC, IL 60174  
(Street) (City/State/Zip) (Ph)

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

2) Building or establishment for which the reimbursement grant is sought

108 S. 2ND ST. ST. CHARLES IL 60174  
(Street Address)

Parcel # 09-34-126-011  
(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)

Rebuild & support steps  
reusing original granite & railings

Describe the scope and purpose of the work to be done:  
See VENDOR'S QUOTE.

Preliminary Cost Estimate: \$ 22,800.00 City's Grant Amount: \$ \_\_\_\_\_

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

**S. PATZER & CO.**  
 3N743 Route 31  
 SAINT CHARLES, ILLINOIS 60174  
 Ph. (708) 584-1081

PROPOSAL SUBMITTED TO <b>Doc Morgan Inc.</b>		PHONE <b>584-9414</b>	DATE <b>JAN. 26, 2012</b>
STREET <b>108 Second St.</b>		JOB NAME	
CITY, STATE AND ZIP CODE <b>St. Charles, Ill.</b>		JOB LOCATION	
ARCHITECT	DATE OF PLANS	<b>PAM</b>	JOB PHONE

We hereby submit specifications and estimates for:

LABOR and material to dismantle granite staircase and clean stone

Rebuild/repour concrete support structure for bearing and footing

Replace/repair Indiana limestone on side wall as needed

Replace/tuckpoint mortar joints on stone areas

Remove and remount steel railings - repair by others

Patch front door entry area inside door with cement

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

dollars (\$ 22,800.<sup>00</sup>).

Payment to be made as follows:

upon completion

**\*** deposit will be required for new Indiana stone

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. 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. Our workers are fully covered by Workmen's Compensation Insurance.

Authorized Signature

*Steve Patzer*

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.

Date of Acceptance: \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_



