

	HISTORIC PRESERVATION COMMISSION AGENDA ITEM EXECUTIVE SUMMARY			
	Agenda Item Title/Address:		COA & Façade Improvement Grant: 102 E. Main St. – Riverside Pizza	
	Proposal:		Repair front wall, install signs, replace awning covers	
	Petitioner:		Steve Nilles, Riverside Pizza	
Please check appropriate box (x)				
PUBLIC HEARING			MEETING 4/2/14	X
AGENDA ITEM CATEGORY:				
X	Certificate of Appropriateness (COA)	X	Façade Improvement Plan	
	Preliminary Review		Landmark/District Designation	
	Discussion Item		Commission Business	
ATTACHMENTS:				
Façade Grant Application				
Photo illustration and proposal for sign and awning work				
Proposal for wall repair				
EXECUTIVE SUMMARY:				
<p>The Commission approved a COA and recommended approval of a Façade Improvement Grant for this project on 3/19/14, subject to two conditions: 1) that a synthetic material panel be installed behind the lettering of the Main St. sign to reduce the number of holes cut into the EIFS and 2) that flashing be installed on the top of the EIFS to prevent water infiltration.</p> <p>The applicant has additional information on the Riverside Ave. wall sign and awning sign for the Commission to review and approve.</p> <p>Background: Riverside Pizza, a new restaurant, will open in the former Pi Pizza location. The restaurant has requested a Façade Improvement Grant for the following exterior improvements:</p> <ul style="list-style-type: none"> • Repair failing EIFS on the storefront facing Main St. • Install new wall sign above storefront facing Main St. • Reface existing wall sign facing Riverside Ave. • Recover existing awning frames. <p>The cost of the work is estimated at \$19,000 and the grant would cover up to \$8,000.</p>				
RECOMMENDATION / SUGGESTED ACTION:				
Provide feedback and recommendations on the COA and Façade Improvement Grant.				

Received 3/17/14

**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: Steve Nilles (MJS Holdings LLC)
(Name)

Home Address: _____

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

Federal Tax ID Number: 46-4368499

2) Building or establishment for which the reimbursement grant is sought
102 E. Main St. 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)

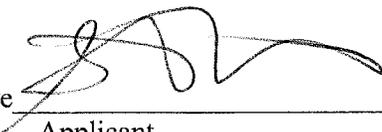
Describe the scope and purpose of the work to be done:

Riverside facade - replace 2 awnings & exterior sign
Main St. facade - replace awning & lights on awning frame. Repair buckled & cracked
concrete board above door. Paint exterior. Install block letter sign.

Preliminary Cost Estimate: \$ 19,000 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 N/A, 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 N/A _____ Date N/A _____
Owner

Please sign and fax back or email changes or approval to aurora.design@signsaurora.com

Review proof carefully, spelling is your responsibility. Drawing is not to scale.

Colors will vary from electronic proof. If color is critical, printed samples can be provided at our location before your job is put into production.

All designs and information contained within are the property of Sign-A-Rama Aurora. Any unauthorized use is expressly forbidden. Designs may be purchased at an additional cost upon completion of your job.

PLEASE MARK ONE:

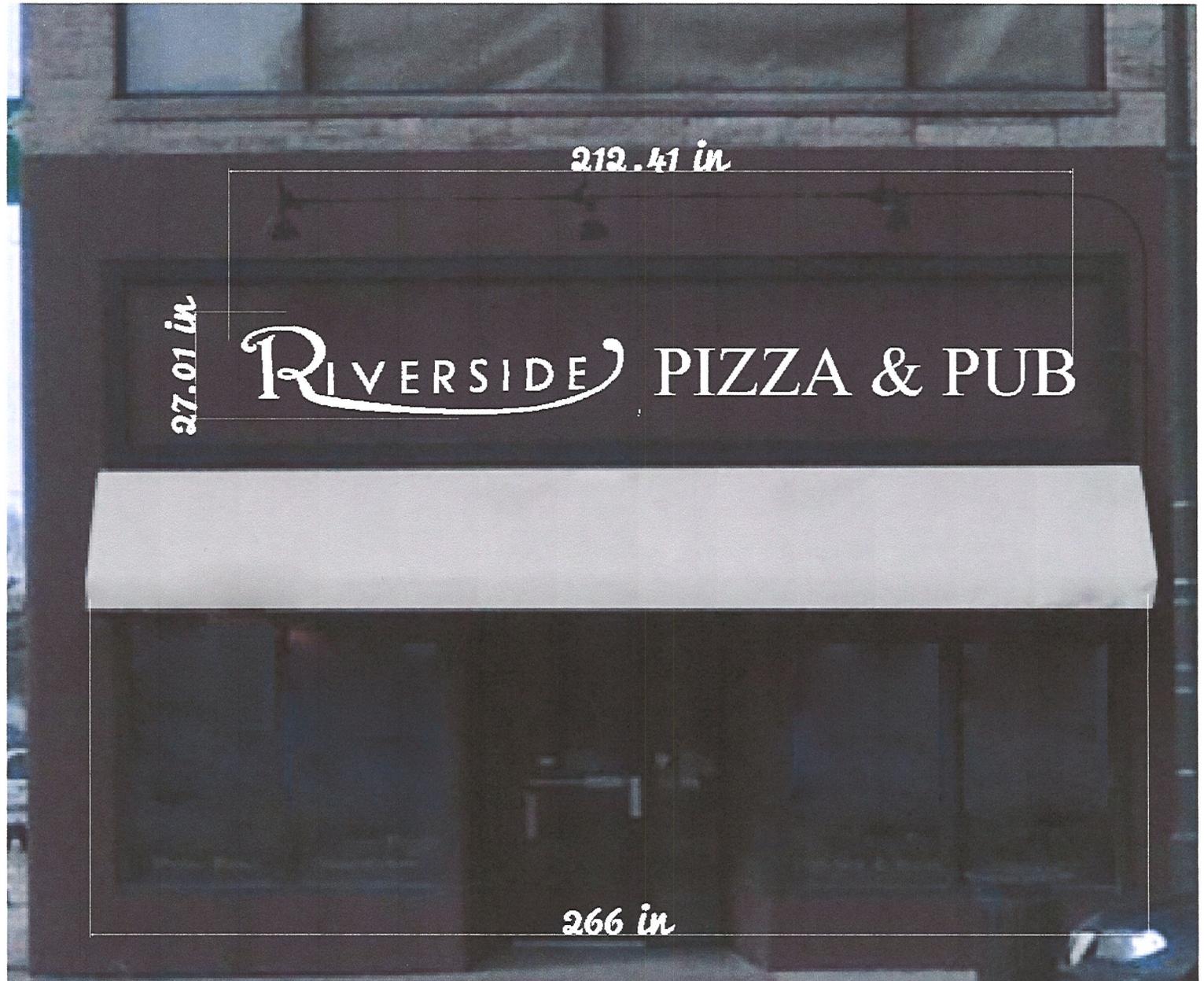
Approved as is

Changes needed, please send new proof (one additional proof provided at no charge, a \$45 charge will be added to your bill for each additional proof)

Color is critical. Please print color sample for approval



197 Poplar Place #3
North Aurora, IL 60542
Phone: 630.897.6850 Fax: 630.897.4990
www.signsaurora.com
aurora@signsaurora.com



Dimensional letters installed to fascia of building

Color to be determined

Please note: Customer supplied vector art needed before final production

Option 2

Please sign and fax back or email changes or approval to aurora.design@signsaurora.com

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197 Poplar Place #3
North Aurora, IL 60542
Phone:630.897.6850 Fax:630.897.4990
www.signsaurora.com
aurora@signsaurora.com



*Awning re-wrap
30" Deep*

Please sign and fax back or email changes or approval to aurora.design@signsaurora.com

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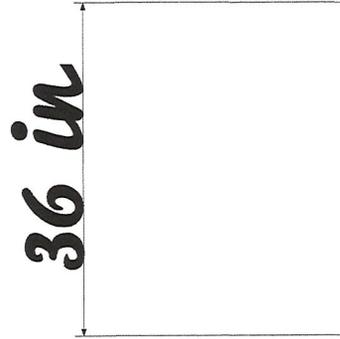
Approved as is

Changes needed, please send new proof (one additional proof provided at no charge, a \$45 charge will be added to your bill for each additional proof)

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North Aurora, IL 60542
Phone:630.897.6850 Fax:630.897.4990
www.signsaurora.com
aurora@signsaurora.com



*Awning re-wrap
36" height
32" deep
64" wide*

20-5799350

Sign A Rama Aurora IL
BAMM Signs, Inc.
197 Poplar Place, Unit 3
North Aurora, IL, 60542- USA
Phone: (630)-897-6850 Fax: (630)-897-4990
www.saraurora.com
aurora@signarama.com



Quote Submitted To:

RIVERSI001
Steve Nilles
Riverside Pizza & Pub
102 East Main Street
Saint Charles, IL 60174- USA

Phone: (630) 673-6805 Ext.
Fax:
Email lawnmowerman224@comcast.net

Job Name and Location

Riverside Pizza & Pub
102 East Main Street
Saint Charles, IL 60174- USA

Quotation Number: 010722 Quote Date: 3/13/2014 Payment Terms: DUE IMMEDIATELY Contact: DP1 Page: Page 1 of 1

Quantity	Description	Unit Price	Extended Price
1	Awnings, RECOVER THREE AWNINGS USING EXISTING FRAMES, 36 X 266 X 24, 28 X 36 X 24, 36 X 61 X 32.	\$3,234.63	\$3,234.63 * 15% discount off the list price \$3,805.45.
1	Polycarbonate standard vinyl graphics. REPLACE FACE IN WALL SIGN. Height: 0 Ft 112 In Length: 0 Ft 112 In; SIDES: 1 Eco Solvent on Calendared Vinyl Digital Process(preprinted)	\$2,400.00	\$2,400.00
17	Specialty Laser Cut Acrylic Lettering, 3/8" thick, approx 24" high. OPTION 2 "IVERSIDE PUB & GRILL"	\$124.42	\$2,115.07 * 10% discount off the list price \$138.24.
1	Specialty Laser Cut Acrylic Letter "R", 3/8" thick, approx 30" X 48". OPTION 2	\$482.85	\$482.85 * 10% discount off the list price \$536.50.

Sign-A-Rama (Vendor) prepares your order according to your specifications. Your order is only cancelable with the Vendor's prior written consent. ANY DEPOSIT IS FORFEITED. After commencement of your order (the point at which ANY work has begun), your order is non-cancelable. CUSTOMER IS SOLELY RESPONSIBLE FOR PROOFREADING. By signing your proof, you approve of its content and release the Vendor to commence our work. Vendor's total liability is hereby expressly limited to the services indicated and Vendor will not be liable for any subsequent or consequential damages, or otherwise. All dates indicated are approximations unless the word "firm" is written and acknowledged by the Vendor.

Upon ordering a 50% deposit is required. Balance is due upon delivery or installation. THERE IS A \$50 PER HOUR CHARGE FOR DESIGN TIME AFTER FIRST PROOF. Invoices are considered delinquent thirty (30) days from the date that your order is completed. Thereafter a late charge of \$25.00, together with interest accruing at the rate of 1.5% per annum, or the maximum rate allowable by law is assessed. You shall be liable for all costs related to collection of delinquent invoices, including court costs and attorney's fees. Customer's acceptance, either personal or through an agent or employee of the work ordered shall be deemed as full acceptance. By accepting delivery, customer affirms that the work conforms to all expectations. Customer will be responsible for payment for work that has been completed.

Taxable:	\$8,232.55
NonTaxable:	\$0.00
SalesTax:	\$679.19
Freight:	\$0.00
Misc:	\$0.00
Total:	\$8,911.74

Thank You

For: Riverside Pizza & Pub

ADDITIONAL 3% CHARGE FOR CREDIT CARD PAYMENTS.

Signature _____ Date: _____

Proposal

J. Olivo Construction
 P.O. Box 96
 Lombard IL. 60148
 Steve Mills - la

EIFS Facade 036
 102 E Main St - St Charles, IL
 3/2/14
 630-673-6805 630-682-1421

20. Work shall consist of repairs to EIFS Stucco Repairs on South Facade (Entire Awning to be wrapped in plastic)

Bottom Section of Scaffolding will be walk through with protective cover and lights

All Damaged Areas of Facade will be Mechanically Cut out and Backing board will be replaced.

Cracked Areas will be repaired and covered with Mesh

EIFS Cement Base Coat Over all Repaired Areas
 EIFS Finish Coat (texture to Match Existing)

Entire Facade will be Primed and Painted with Benjamin Moore Industrial Exterior Coating

21. proposer hereby is bound contract and labor - complete in accordance with the above specifications for the sum of \$ _____ with payments to be made as follows: _____
 Any alteration or change from these specifications shall be made by written order and any change shall be made for extra. All payments contingent upon dates, conditions of labor contract or order.
 Signature: _____
 Date: _____

Acceptance of Proposal

The above price, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payments will be made as follows: _____
 Signature: _____
 Date of Acceptance: _____

Proposal

Page 2 of 2

J. Olivo Construction
P.O. Box 96
Lombard IL 60148

Steve Mills

PROPOSAL SUBJECT

ADDRESS

102 E Main St
St Charles IL 60174

630 673 6805

PROJECT

EIFS Facade

NO.

036

102 E. Main St - St Charles IL

3 / 2 / 14

630 682 1481

We hereby submit specifications and estimates for

- Top Panel Above Light Fixtures
Remove and Replace Damaged Cement Board Sections and Anchor into Masonry
- Top Panel in wood frame
Repair all Damaged areas from light fixtures
Replace EPS Foam Board and Fiber mesh
- Lower Panels and Front Entrance
Replace and Repair Damaged areas and Cover with Fiber Mesh

Repair All Equipment, Debris and Clean up

We propose hereby to furnish materials and labor - complete in accordance with the above specifications for the sum of:

\$7600⁰⁰ Seven Thousand Six Hundred

with payments to be made as follows: ONE Third Down - Balance upon Completion

The estimator or estimator firm shall specifications and estimates and work will be done and only upon written order and all business an extra charge for and about the subject. All payments contingent upon dates, conditions or description of work.

Propositor
Signature

Juan Olivo

Note - Our proposal may be withdrawn by us if not awarded within

days

Acceptance of Proposal

The above price, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payments will be made as outlined above.

Signature

Date of Acceptance

Signature