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|---|---|--|-------------------------------|----------|
|  | HISTORIC PRESERVATION COMMISSION AGENDA ITEM EXECUTIVE SUMMARY | | | |
| | Agenda Item Title/Address: | Façade Improvement Grant: 201 S. 2 nd St. | | |
| | Proposal: | Recover canopy fascia | | |
| | Petitioner: | Frank Sirianni / Kevin Davis | | |
| Please check appropriate box (x) | | | | |
| | PUBLIC HEARING | | MEETING 9/17/14 | X |
| AGENDA ITEM CATEGORY: | | | | |
| | Certificate of Appropriateness (COA) | X | Façade Improvement Plan | |
| | Preliminary Review | | Landmark/District Designation | |
| | Discussion Item | | Commission Business | |
| ATTACHMENTS: | | | | |
| Resolution | | | | |
| Approved COA for the project | | | | |
| Grant Application | | | | |
| EXECUTIVE SUMMARY: | | | | |
| <p>The Commission approved a COA for this project on 9/3/14. The canopy fascia will be recovered with a metal material with vertical ridges.</p> <p>The Commission also recommended approval of a Façade Improvement Grant. However, the grant request was not listed on the agenda at the meeting. Therefore the Commission must vote to ratify approval of the attached Resolution.</p> <p>A copy of the grant application and cost estimate is attached.</p> | | | | |
| RECOMMENDATION / SUGGESTED ACTION: | | | | |
| Vote to ratify the attached Resolution recommending approval of the Façade Grant. | | | | |

City of St. Charles, Illinois

Historic Preservation Commission Resolution No. 8-2014

**A Resolution Recommending Approval of
A Façade Improvement Grant Application
(201 S. 2nd St. – Kevin’s Auto Service)**

WHEREAS, it is the responsibility of the St. Charles Historic Preservation Commission to review applications for the Façade Improvement Grant Program; and

WHEREAS, the Historic Preservation Commission has reviewed the Façade Improvement Grant Application for 201 S. 2nd St., and has found said application to be architecturally appropriate and in conformance with the Downtown Design Guidelines and the Historic Preservation Ordinance, Chapter 17.32 of the Zoning Ordinance; and

WHEREAS, the Historic Preservation Commission finds approval of said Façade Improvement Application to be in the best interest of the City of St. Charles.

NOW THEREFORE, be it resolved by the St. Charles Historic Preservation Commission to recommend to the City Council approval of the Façade Improvement Application for 201 S. 2nd St.

Roll Call Vote:

Ayes: Bobowiec, Malay, Gibson, Pretz, Norris

Nays: None

Abstain: None

Absent: Withey

Motion Carried.

PASSED, this 3rd day of September, 2014.

Chairman

APPLICATION FOR
CERTIFICATE OF APPROPRIATENESS (COA)



COMMUNITY DEVELOPMENT/PLANNING DIVISION

PHONE: (630) 377-4443 FAX: (630) 377-4062

APPLICATION INFORMATION

Permit #: 14 - 19631 Date Submitted: 8/27/14 COA # 14 - 20

Address of Property: 201 S. 2nd St.

Applicant: Kevin Davis / Frank Siriani

Use of Property: Commercial, business name: Kevin's Auto Service

Residential Other: _____

Type of Work (Check All That Apply):

- | | | |
|--|---|---|
| <input checked="" 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"/> Awnings/Signs | <input type="checkbox"/> Other _____ | |

DESCRIPTION OF WORK PROPOSED

Canopy Fascia - recover with attached material
Facade Grant Project

COA APPROVAL

The St. Charles Historic Preservation Commission hereby issues a Certificate of Appropriateness (COA) authorizing the issuance of a building permit for the proposed work described herein, in accordance with the plans and approval conditions attached hereto.

Alfred W. Amant
Chairman of the St. Charles Historic Preservation Commission

09/03/2014
Date

Vertical Instability





Received 9-3-14

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: Kevin Davis
(Name)

Home Address: _____
(City/State/Zip) (Phone)

Business Address: 201 South Second ST. CHARLES MO 63104 (630) 584-2144
(Street) (City/State/Zip) (Phone)

Federal Tax ID Number: 36-411-4047

2) Building or establishment for which the reimbursement grant is sought
201 South Second Street
(Street Address)

09-34-114-010 parcel #
(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:
REMOVE CANOPY FACIA - BECAUSE CANNOT BE PAINTED ANY MORE NOT COST EFFICIENT

Preliminary Cost Estimate: \$ 5000.⁰⁰ City's Grant Amount: \$ 2500.⁰⁰

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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 Kevin Daur
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 201 South Second St., 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 Kevin Daur Date 9-3-14
Owner

New Homes

Bathrooms

Remodeling



Additions

Roofing

Custom Decks

630-965-8101

No. ①

Date 9-3-2014

Sheet No.

Proposal Submitted To:

Name Kevin Davis
Street
City
State
Phone

Work To Be Performed At:

Kevin's Service
Street
City State
Date of Plans
Architect

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

existing canopy - Install new J channel - bottom pro rib 4 panel fascia - center, coping with drip edge and curb-top. Brite Red Color - 20 year finish warranty

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 (\$ 5000.00).

with payments to be made as follows: \$2500.00 dollar deposit for material & labor with balance due on completion of \$2500.00

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.

Respectfully submitted

Per

Frank W. Scicini F.C.C.

Note-This proposal may be withdrawn by us if not accepted within 30 days

Franks Custom Carpentry

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

Date

Signature