

		<b>HISTORIC PRESERVATION COMMISSION AGENDA ITEM EXECUTIVE SUMMARY</b>				
		<b>Agenda Item Title/Address:</b>		Preliminary Review: 111 E. Main St.		
		<b>Proposal:</b>		Façade Grant to renovate storefront		
		<b>Petitioner:</b>		DB Partnership / Doug Denz		
<b>Please check appropriate box (x)</b>						
		<b>PUBLIC HEARING</b>			<b>MEETING 12/3/14</b>	<b>X</b>
<b>AGENDA ITEM CATEGORY:</b>						
	Certificate of Appropriateness (COA)			Façade Improvement Plan		
X	Preliminary Review			Landmark/District Designation		
	Discussion Item			Commission Business		
<b>ATTACHMENTS:</b>						
1994 Architectural Survey, 2003 Photo, Façade Grant application						
<b>EXECUTIVE SUMMARY:</b>						
<p>The owners of 111 E. Main St. are proposing renovations to the storefront.</p> <p>A Façade Improvement Grant application has been submitted. No grant funds are currently available, but the property will be eligible in the next fiscal year, starting in May 2015.</p> <p>The building façade was renovated to its current appearance in the mid-1990s.</p>						
<b>RECOMMENDATION / SUGGESTED ACTION:</b>						
Provide feedback and recommendations.						



ST. CHARLES HISTORIC PRESERVATION COMMISSION

# ARCHITECTURAL SURVEY ST. CHARLES CENTRAL DISTRICT ST. CHARLES, ILLINOIS

DIXON ASSOCIATES / ARCHITECTS

## ARCHITECTURAL INTEGRITY

	1	2	3
<input type="checkbox"/> Unaltered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Minor Alteration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Major Alteration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Additions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitive to original	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insensitive to original	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1: first floor; 2: upper floors; 3: roof/cornice

## ARCHITECTURAL SIGNIFICANCE

☐ Significant

☐ Contributing

☒ Non-Contributing

## BUILDING CONDITION

☒ Excellent: Well-maintained

☐ Good: Minor maintenance needed

☐ Fair: Major repairs needed

☐ Poor: Deteriorated

## ARCHITECTURAL DESCRIPTION

**Style:** International

**Date of Construction:** Not known

**Source:** Field Observation

**Features:**

Aluminum and glass curtain wall cladding (1950-1960's). Building is greatly altered.



**Address:**

111 East Main Street

**Representation in Existing Surveys:**

☐ Federal

☐ State

☐ County

☐ Local

**Block No.** 47

**Building No.** 5

**SURVEY DATE:**

MAY 1994

ROLL NO. 7

NEGATIVE NO. 35

Crystal Touch  
Day Spa

630-513-5559

A Crystal Touch  
Day Spa

• MASSAGE  
• FACIALS  
• THERAPY  
• TREATMENTS  
• LUXURY  
• RELAXATION

630-513-5559

CRYSTAL TOUCH SPA

111  
EAST

GEORGE'S

GEORGE'S  
Socks  
Only



Received 11/17/14

**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: DB PARTNERSHIP LLC  
(Name)

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

Business Address: 111 E. MAIN ST., ST. CHARLES, IL 60174  
(Street) (City/State/Zip) (Phone)

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

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

111 E. MAIN STREET, ST. CHARLES, IL 60174  
(Street Address)

09-27-389-003  
(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):

- |  |   |
|--|---|
| <input type="checkbox"/> Canopy/Awning   | <input type="checkbox"/> Signage  |
| <input type="checkbox"/> Windows/Doors   | <input checked="" type="checkbox"/> Exterior Lighting                     |
| <input type="checkbox"/> Tuck pointing/Masonry Repair  | <input checked="" type="checkbox"/> Restoration of Architectural Features |
| <input type="checkbox"/> Masonry Cleaning  | <input type="checkbox"/> Rear Entrance Improvements(Please specify below) |
| <input checked="" type="checkbox"/> Painting   |   |
| <input checked="" type="checkbox"/> Other(Please Specify) <u>REPLACE EXTERIOR FACING ON FRONT FACADE</u> |   |

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

WE WILL BE REPLACING THE EXISTING EXTERIOR PLYWOOD (WHICH IS ROTTING) ON THE BOTTOM HALF OF THE BUILDING BY EXTENDING DOWN THE DRYVIT FROM THE TOP OF THE BUILDING AND ADDING A 2 1/2 FT BRICK ACCENT RUNNING ALONG THE BOTTOM. WE WILL ALSO BE ADDING EXTERIOR LIGHTING FOR SIGNAGE AND RESTORING THE ORIGINAL DECORATIVE CAST IRON COLUMNS LOCATED ON BOTH SIDES OF BUILDING.

Preliminary Cost Estimate: \$ 21,222<sup>00</sup> City's Grant Amount: \$ 10,000<sup>00</sup>

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 Cheryl Dery  
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