

 ST. CHARLES SINCE 1834		HISTORIC PRESERVATION COMMISSION AGENDA ITEM EXECUTIVE SUMMARY				
		Agenda Item Title/Address:		COA & Façade Improvement Grant: 100 W. Main St. – Hotel Baker		
		Proposal:		Window & fire escape painting		
		Petitioner:		Joe Salas, Hotel Baker		
		Please check appropriate box (x)				
		PUBLIC HEARING			MEETING 4/15/15	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						
Quote for proposed work						
EXECUTIVE SUMMARY:						
<p>The Hotel Baker has requested a Façade Improvement Grant to help fund the painting of the windows and fire escape on the north and west elevations.</p> <p>A Façade Improvement Grant for \$15,000 was approved for the property in May 2014 for the repairing and repainting of the windows on the south and east elevation.</p> <p>The maximum amount of all grants for a specific property within a five-year period is capped at \$20,000. However, the program description states, <i>“Properties that are listed on the National Registry and/or Locally Designated Landmarks can be eligible for up to an additional \$10,000 to be applied towards the restoration of significant architectural structures/features such as marquee signs, boathouses and gazebos.”</i></p> <p>The cost of work is estimated at \$28,960. The grant could cover up to \$14,345, depending on the availability of funds, and if the Commission determines the project is eligible for additional funds based on the provision stated above.</p>						
RECOMMENDATION / SUGGESTED ACTION:						
Provide feedback and recommendations.						

Received 4-10-15

**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: Joselito Salas (Hotel Baker)
(Name)

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

Business Address: 100 West Main St. St Charles IL 60174 630-584-2100
(Street) (City/State/Zip) (Phone)

Federal Tax ID Number: 06-1705614

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

100 West Main St.
(Street Address)
09-27-376-005
(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 checked="" type="checkbox"/> Windows/Doors | <input type="checkbox"/> Exterior Lighting |
| <input type="checkbox"/> Tuck pointing/Masonry Repair | <input type="checkbox"/> Restoration of Architectural Features |
| <input type="checkbox"/> Masonry Cleaning | <input type="checkbox"/> Rear Entrance Improvements(Please specify below) |
| <input type="checkbox"/> Painting | |
| <input type="checkbox"/> Other(Please Specify) _____ | |

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

Windows and fire escape painting

Preliminary Cost Estimate: \$ 28,960.00 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

Owner

Date

K & J Painting, Inc.
732 North Street
Geneva, IL 60134-1358
Phone: 630-404-2662
Cell: 262-945-2020

REVISED

BID PROPOSAL

PROJECT: Hotel Baker – St. Charles

Date: 4-2-15

Plan Date: None

Includes: Addendum 0

Painting: 09900

Base Bid: \$ 21,760.00

Alt \$40.00 To replace broken panes.

Includes: North Elevation and West Elevation - includes Rainbow Room and Trophy Room (?) . Scrape old glaze out and re-glaze windows (approx 50%) where needed. Prime and paint. Also includes fire escape doors. Includes lifts, permits etc.

Alt \$8,200.00 To remove rust, prime and paint fire escape.

Combo Bid: \$ 28,960.00 Includes the \$21,760.00 and the \$8,200.00 if both can be done at the same time

If you have any questions regarding the above, please feel free to contact me on my cell phone.

Sincerely,

Jay Trapp