

Historic Preservation Grant Application

Last Revised: 7/24/2019

Section One: Contact Information

OWNER:

Name Ilda Valdez Email hivldz2019@gmail.com
Address 112 S. 4th Street
Home Phone _____ Work Phone _____ Mobile Phone _____

APPLICANT: *Check if same as above* ☒

Name _____ Email _____
Address _____
Home Phone _____ Work Phone _____ Mobile Phone _____

OWNERSHIP: *(Please Check One)*

- ☒ Applicant is the owner of the subject property and is the signer of the application. Please provide documentation proving title.
- ☐ Applicant is the contract purchaser of the subject property, and has attached a copy of the contract, along with a signed notarized statement by the owner authorizing the project scope of work.
- ☐ Applicant is acting on behalf of the owner, and has attached a signed notarized statement by the owner authorizing the project scope of work.

Section Two: Property Information

Subject Property Address: 112 S. 4th Street
Date of Property Purchase: 2017 Historic District/Landmark: Near Eastside
Number of Dwelling Units (If above two and not originally built as such, application is not eligible): 1-unit
Owner Occupied (If no, application is not eligible): ☒ Yes or ☐ No

Section Three: Additional Documentation Requirements

1. Photographs of the house. Please include photos of all areas to be restored. Photos should be labeled.
2. Two detailed cost estimates per type of restoration work to be performed.
3. Please note if the cost estimates are provided by sole proprietors or if the estimates incorporate prevailing wage. If cost estimates do not meet either of the above, please still submit application.
3. Proof of property ownership – i.e. property warranty deed, most recent property tax form, land contract registered with the respective county.
4. A detailed narrative that includes a description of the current condition and the work to be performed. The following work is ineligible: driveway repavement, new asphalt roofs, fencing, and landscaping.

Section Four: Future Steps/Process

The grant applications will be ranked based upon project scope with the highest rated projects being recommended to the City Council by the Preservation Commission for approval. Following approval, a meeting with staff is required to review the project agreement and the grant process. Below is a list of additional items that may also be required as part of the review process:

- Historic Certificate of Appropriateness (HCOA) Application *(required for all projects)*
- Building Permit Application
- Scaled drawings of the proposed project
- Specifications and/or product information for materials to be used
- Material and/or color samples
- W-9 form upon approval of the grant

Please submit completed applications to COAPPlanning@aurora-il.org or at the above addresses

Attachment "A"
Renovation Description

Work includes repair/replacement of soffits, fascia, eaves, trim, and gutters. Soffits, fascia and trim should be repaired and where needed new pieces of wood added that match the existing in size and type. Gutters must be white, half-round, metal gutters that match what was originally on the home.

BID for FASCIA, WINDOWS.

1) Xlque Home Remodeling

Will provide labor, materials, disposal of trash of work completed for replacement and repaired of damaged Fascia, Trim, gutters as indicated by the City of Aurora. Will also complete window repair of 18 old windows replacement/repair.

Priced as Follows: Fascia, Soffit, Trim replacement and repair \$7,300. Windows replacement/repair cost: \$7000.00

Contractor: Jose Xique--Licensed

Phone #630-256-0310

2)Garcia Construction Inc.

Will provide labor and replacement of exact Windows for historical home. Replace 18 windows, 2 additional Garage windows. Also, responsible for disposal of Trash. Fascia repair is separate in cost and would complete same as above. Fascia repair up to home owner.

Priced at \$21,600.00 for Windows

Fascia/Trim/ Soffit Repair: \$7,500.00

Contractor: Jose Garcia--Licensed

Phone: 630-715-6740

HCOA Detailed Budget

Last Revised: 9/16/2019

Prior to the issuance of a Historic Certificate of Appropriateness (HCOA), this form must be submitted and approved by the Director of Planning and Zoning. Please outline the project budget showing the different aspects of the project, including a description of each type of labor per the various architectural elements being rehabilitated during this grant project. Also, identify the cost of all equipment and materials, including the unit cost of the product and how much of the product was required. (Use multiple sheets if needed)

Grant Information:

Resolution: _____ Date: _____ HCOA Number(s): _____ Date(s): _____
Property Address 112 S FOURTH ST.

Labor:

Area of Building	Description of Each Type of Labor	Hours Worked	Hourly Wage (if known)	Cost
Soffits	Repair and restore or replacement of existing wood Soffits/Fascia at time of home exterior repair.			8,105.00
Fascia	Restore or install pine fascia and beadboards on Soffits			
	(Does not include ceiling of front porch. Paint: sand, caulk, 1 coat primer 2 coats semi-gloss paint.			
Gutters	Install new 5" half-round white aluminum gutter with 3" downspout.			5,202.00
	-(Drain tile not included.)			

Material & Equipment: 112 S FOURTH ST.

Area of Building	Materials and Equipment	Unit Cost	Amount Required	Cost
<u>Soffits</u>	•Quote includes materials and Labor and is contingent on condition of wood at time of repair.			
<u>Fascia</u>	•Painting to be completed			
<u>Gutters</u>	weather permitting.			
	•Work to be done during normal work hours and weather permitting.			
COMBINED TOTAL	\$13,307.00			



112



112

1914
THE FRANKS HOUSE



















