

Historic Preservation Grant Application

Last Revised: 2/18/2020

Section One: Contact Information

OWNER:

Name _____ Email _____
Address _____
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: _____

Date of Property Purchase: _____ Historic District/Landmark: _____

Number of Dwelling Units (If above two and not originally built as such, application is not eligible): _____

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

Detailed Narrative

(Provide a detailed narrative and cost breakdown, **in addition to the cost estimates**, of the project scope, including a description of what architectural elements are being impacted, changes to the original fabric, detailed information/specifications of any new materials being used, description of how repairs will be conducted, etc. If scope of work differ between cost estimates, please include an explanation.)

Please submit completed applications to COAPlanning@aurora-il.org (provide all required documents in one email) or at the above addresses

Customer: Jerry Metzger
 Address: 741 Wilder
 City: Aurora I.L. Zip: 60506

Job Name: COMPLETE TEAR OFF
 Job Location: SALE
 Phone: 264-6229

<p><input checked="" type="checkbox"/> Tear Old Roofing Off:</p> <p><input checked="" type="checkbox"/> House <u>2</u> # of Layers</p> <p><input checked="" type="checkbox"/> Garage <u>1</u> # of Layers</p> <p><input checked="" type="checkbox"/> Flat <u>1</u> # of Layers</p> <p><input checked="" type="checkbox"/> Hip & Ridge</p> <p><input checked="" type="checkbox"/> <u>2x LAYERS CEDAR</u></p> <p><input type="checkbox"/> Nail Down Loose & Curled Roofing</p> <p><input checked="" type="checkbox"/> Clean & Prepare Deck</p> <p><input type="checkbox"/> Cover Deck with 1/2" 4-Ply CDX Sheathing</p> <p><input checked="" type="checkbox"/> Wood / Fascia / Substrate</p> <p>Repairs will be time & material</p> <p>\$ <u>89</u> per man hour</p> <p>Per 4x8 Sheet 5</p> <p><input checked="" type="checkbox"/> Install Underlayment:</p> <p><input checked="" type="checkbox"/> Ice / Water Shield</p> <p><input checked="" type="checkbox"/> Eaves</p> <p><input checked="" type="checkbox"/> Valleys</p> <p><input checked="" type="checkbox"/> Skylights</p> <p><input checked="" type="checkbox"/> Chimneys</p> <p><input checked="" type="checkbox"/> Walls</p> <p><input checked="" type="checkbox"/> UL Listed Felt 30# <u>SHAKE</u></p> <p><input type="checkbox"/> Synthetic Underlayment</p> <p><input type="checkbox"/> Modified Heat-Weld Base</p> <p><input type="checkbox"/> #43 Nailable Base</p> <p><input checked="" type="checkbox"/> New Roof / Reroof:</p> <p><input checked="" type="checkbox"/> House</p> <p><input type="checkbox"/> Garage</p> <p><input type="checkbox"/> Flat</p> <p><input type="checkbox"/> Color: _____</p> <p><input type="checkbox"/> Apply Metal Edge:</p> <p><input type="checkbox"/> Rake Edge</p> <p><input type="checkbox"/> Eaves (gutter edge)</p> <p><input type="checkbox"/> Color: _____</p>	<p><input type="checkbox"/> Ventilation:</p> <p><input type="checkbox"/> Install <input type="checkbox"/> Replace</p> <p><input type="checkbox"/> Attic Vents: _____</p> <p><input type="checkbox"/> Bath Vents: _____</p> <p><input type="checkbox"/> Kitchen Vents: _____</p> <p><input type="checkbox"/> Concealed Ridge Vent _____ Feet</p> <p><input type="checkbox"/> Power Vent</p> <p><input type="checkbox"/> Thermostat / Humidistat</p> <p><input type="checkbox"/> Power Vent - Solar Powered</p> <p><input type="checkbox"/> Power Vent - Reuse / Close-Off</p> <p><input checked="" type="checkbox"/> Vent Stack / Accessories:</p> <p><input checked="" type="checkbox"/> Formed Lead Soil Stack</p> <p><input type="checkbox"/> Code Compliant Soil Stack</p> <p><input type="checkbox"/> Neoprene / Rigid Plastic</p> <p><input checked="" type="checkbox"/> Install New Valley:</p> <p><input type="checkbox"/> Closed <input checked="" type="checkbox"/> Open</p> <p><input type="checkbox"/> No-Cut <input checked="" type="checkbox"/> Metal</p> <p><input checked="" type="checkbox"/> Wall & Siding Detail:</p> <p><input type="checkbox"/> Double Seal Tie-In</p> <p><input checked="" type="checkbox"/> Re-flash Sidewalls as Required W/ Shingle Tins</p> <p><input type="checkbox"/> Install Cedar Trim Board</p> <p><input type="checkbox"/> Roof to Wall Metal</p> <p><input type="checkbox"/> Surface Mount</p> <p><input type="checkbox"/> Skylights:</p> <p><input type="checkbox"/> Curb <input type="checkbox"/> Glass</p> <p><input type="checkbox"/> Dome</p> <p><input type="checkbox"/> Low-profile</p> <p><input type="checkbox"/> Reuse Existing Lens / Frame</p> <p><input type="checkbox"/> Reseal lens</p> <p><input type="checkbox"/> Antenna / Tripod / Satellite Dish</p> <p><input type="checkbox"/> Remove <input type="checkbox"/> Remount</p> <p>Owner Must Recalibrate</p>	<p><input checked="" type="checkbox"/> Chimney Condition</p> <p><input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair</p> <p><input type="checkbox"/> Contact a Mason</p> <p><input type="checkbox"/> Clear Masonry Sealer</p> <p><input type="checkbox"/> Chimney Cap</p> <p><input checked="" type="checkbox"/> Chimney Flashing</p> <p><input checked="" type="checkbox"/> Surface Mount _____ Color</p> <p><input checked="" type="checkbox"/> Stepped / Straight</p> <p><input type="checkbox"/> Reuse Existing</p> <p><input type="checkbox"/> Construct Saddle</p> <p><input checked="" type="checkbox"/> Shingle Material:</p> <p>Brand <u>BLUE LABEL</u></p> <p>Type <u>3/4" HEAVY CEDAR SHAKES</u></p> <p><input checked="" type="checkbox"/> Mfg. Material Warranty:</p> <p><input checked="" type="checkbox"/> Shingle <u>25</u> Years</p> <p><input type="checkbox"/> Low Slope _____ Years</p> <p><input checked="" type="checkbox"/> Workmanship Warranty <u>5</u> Years</p> <p><input type="checkbox"/> Low Slope / Flat Area(s): _____</p> <p><input type="checkbox"/> Insulation:</p> <p><input type="checkbox"/> _____ Isocyanurate</p> <p><input type="checkbox"/> _____ Perlite / Fesco</p> <p><input type="checkbox"/> Perimeter Edge Flashing</p> <p><input type="checkbox"/> _____ Kynar</p> <p><input type="checkbox"/> _____ Copper</p>	<p><input type="checkbox"/> Base Sheet Attachment:</p> <p><input type="checkbox"/> Nail <input type="checkbox"/> Screw</p> <p><input type="checkbox"/> Hot Asphalt Adhered</p> <p><input type="checkbox"/> Heat-Weld Adhered</p> <p><input type="checkbox"/> Cant Strip as Required</p> <p><input type="checkbox"/> Single-Ply Membranes</p> <p><input type="checkbox"/> TPO - Mechanical Attached</p> <p><input type="checkbox"/> TPO - Fully Adhered</p> <p><input type="checkbox"/> Firestone APP Modified White</p> <p><input type="checkbox"/> SAB + Peel & Stick Membrane</p> <p><input type="checkbox"/> Reflectivity / Restore Solutions</p> <p><input type="checkbox"/> Lucas 6000 System</p> <p><input type="checkbox"/> Lucas 2200 - Micro Fiber</p> <p><input type="checkbox"/> Lucas 648 - Aluminum</p> <p><input type="checkbox"/> Lucas 5500 - PermaFlash</p> <p><input type="checkbox"/> Air Handling Unit(s):</p> <p><input type="checkbox"/> Owner to disconnect / reconnect</p> <p><input checked="" type="checkbox"/> Clean-Up All job related debris</p> <p><input type="checkbox"/> Gutter & Downspouts:</p> <p><input type="checkbox"/> _____ Lineal Ft. of 6"</p> <p><input type="checkbox"/> _____ Lineal Ft. of 5"</p> <p><input type="checkbox"/> _____ Color</p> <p><input checked="" type="checkbox"/> Deposit \$ <u>15,000</u></p> <p><input checked="" type="checkbox"/> Permit Fee \$ <u>LOCAL FEES</u></p> <p><u>Apply</u></p> <p>Historical District <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>
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Details: _____

WE propose to furnish labor & materials in accordance with above — for \$ 62,247.00 (+) PLUS permit fees & wood substrate repairs, if any. Payment to be made as follows: \$15,000 Down, BALANCE ON Completion

All work to be completed in a workmanlike manner according to standard practices. Alteration or deviation from the above specifications involving extra costs will be executed with customer's permission, if available, and will become an extra charge over and above the estimate. All agreements contingent upon accidents, weather conditions or other delays beyond our control.

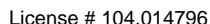
Date 08/20/19 Authorized Signature: [Signature]

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

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. In the event payment is not made within the terms outlined, a 2% monthly service charge plus all collection costs, attorney fees and all miscellaneous expenses will be assessed to the unpaid balance.

Date _____ Authorized Signature: _____

YOU, THE CONSUMER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION. SEE ATTACHED NOTICE OF CANCELLATION FORM FOR AN EXPLANATION OF THIS RIGHT.



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









