



WISCONSIN
HISTORICAL
SOCIETY

Project C

HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION

PART 1 – EVALUATION OF SIGNIFICANCE

1. PROPERTY ADDRESS Street 2635 N. Terrace Avenue
City Milwaukee County Milwaukee ZIP 53211

Listed individually in the State Register or National Register. COMPLETE THIS PAGE ONLY

LISTING NAME Henry Harnischfeger House

Located in a State Register or National Register historic district. COMPLETE THIS PAGE ONLY

NAME OF HISTORIC DISTRICT North Point North Historic District

PRELIMINARY CERTIFICATION Not listed in State Register or National Register or located in a State Register or National Register historic district - COMPLETE BOTH PAGES

2. OWNER'S NAME Dewey Cator and Patrick Schmidt

Street 2635 N. Terrace Avenue

City Milwaukee State WI ZIP 53211 Telephone (days) 847 / 226 4446

Email address deweyjator@gmail.com

3. PROJECT CONTACT Dewey Cator

Email address deweyjator@gmail.com Telephone (days) 847 / 226 - 4446

4. PHOTOGRAPHS Please enclose photographs of the exterior of the building to be rehabilitated. Photos should be in color, at least 4" x 6", commercially printed and clearly show all sides of the building.

5. OWNER'S CERTIFICATION I hereby attest that the information I have provided is, to the best of my knowledge, correct and that I own the property described above. I understand that the falsification of factual representations in the application may be subject to criminal sanctions.

SIGNATURE OF OWNER Dewey Cator DATE 11/30/2022

SEND COMPLETED APPLICATIONS TO: State Historic Preservation Office
Wisconsin Historical Society – Room 312
816 State Street, Madison, WI 53706

STATE HISTORIC PRESERVATION OFFICE USE ONLY

WHS PROJECT NO. _____

The State Historic Preservation Office has reviewed this application and has determined that:

- ___ the property is listed in the State Register of Historic Places or National Register of Historic Places and is historic property for purposes of the Historic Homeowner's Income Tax Credit.
- ___ the property contributes to the above-named State Register or National Register historic district and is historic property for purposes of the Historic Homeowner's Income Tax Credit.
- ___ the property appears to meet the State Register or National Register Criteria for Evaluation and, therefore is determined to be historic property for purposes of the Historic Homeowner's Income Tax Credit.
- ___ NON-CERTIFICATION: the property is not listed in the State Register of Historic Places or National Register of Historic Places, is not a contributing element to a State Register historic district or National Register historic district, and does not appear to meet the State Register or National Register Criteria for Evaluation; therefore, the property is not a historic property for purposes of the Historic Homeowner's Income Tax Credit.

For Daina Penkiunas, State Historic Preservation Officer

Date



WISCONSIN
HISTORICAL
SOCIETY

Project C

HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION
PART 2 – DESCRIPTION OF PROPOSED WORK

- PROPERTY ADDRESS** Street 2635 N. Terrace Avenue
 City Milwaukee County Milwaukee ZIP 53211
- OWNER'S NAME** Dewey Caton and Patrick Schmidt
 Street 2635 N. Terrace Avenue
 City Milwaukee State WI ZIP 53211 Telephone (days) 847 1226-4446
 Email address deweyjcaton@gmail.com
- PROJECT CONTACT** Dewey J. Caton
 Email address deweyjcaton@gmail.com Telephone (days) 847 1226-4446

4. **OWNER'S CERTIFICATION** I hereby attest that the information I have provided is, to the best of my knowledge, correct and that I own the property described above. I understand that the falsification of factual representations in the application may be subject to criminal sanctions. I further agree to submit the *Request for Certification of Completed Work* within 30 days of the date of completion of work or face forfeiture of any tax credit claimed for this project.

SIGNATURE OF OWNER 

DATE 11/30/2022

SEND COMPLETED APPLICATIONS TO

State Historic Preservation Office
Wisconsin Historical Society – Room 312
816 State Street, Madison, WI 53706

STATE HISTORIC PRESERVATION OFFICE USE ONLY

WHS PROJECT NO. _____

The State Historic Preservation Office has reviewed this application for the above name property and has determined that:

- the property is historic property and the rehabilitation as described meets the "Secretary of the Interior's Standards for Rehabilitation." This is a preliminary determination only. Final certification can be issued only after work has been completed and a Request for Certification of Completed Work has been approved.
- the property is historic property and the rehabilitation will meet the "Secretary of the Interior's Standards for Rehabilitation" if the attached conditions are met. This is a preliminary determination only. Final certification can be issued only after work has been completed and a Request for Certification of Completed Work has been approved.

For Daina Penkiunas, State Historic Preservation Officer

Date

NON-CERTIFICATION

- THE OWNER MAY NOT CLAIM THE TAX CREDIT. The rehabilitation is not consistent with the historic character of the property and that the project does not meet the "Secretary of the Interior's Standards for Rehabilitation" for reasons given in the attached materials.
- THE OWNER MAY NOT CLAIM THE TAX CREDIT. The property has not been determined to be historic property for purposes of this program.

For Daina Penkiunas, State Historic Preservation Officer

Date



Project C

HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION
PART 2 - DESCRIPTION OF PROPOSED WORK

5a. TAX CREDIT-ELIGIBLE WORK

Below is a list of common eligible work items. If you have a work item that is not on the list, please add it. Select the work for which you plan to claim the 25% tax credit.

Table with columns: Eligible Work, Specific Type, Estimated Cost, Start Date, Completion Date. Includes handwritten entries for Painting (\$14,000), Windows (\$4,000), and a TOTAL COST of \$18,000. Includes handwritten notes like 'Architectural' and 'only if needed'.

5b. INELIGIBLE WORK

Below is a list of common ineligible work items. If you have a work item that is not on the list, please add it. ALL WORK MUST BE REVIEWED REGARDLESS OF ELIGIBILITY. Include work completed within the last year.

Table with columns: Ineligible Work, Specific Type, Estimated Cost, Start Date, Completion Date. Lists various ineligible work items like Driveway, Fixtures, Insulation, etc., with checkboxes for selection.



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PART 2 – ADDITIONAL REQUIRED INFORMATION

6. PHOTOGRAPHS

Enclose clear color photographs of the pre-project conditions of all items listed.

7. ADDITIONAL PROJECT INFORMATION

Describe your project and the materials and methods you propose using on the next page. Submit architect/contractor drawings if applicable. Submit a copy of all contractor estimates. See the chart below for other types of information required.

Proposed Work	Additional Information Required
Construct Deck	Submit drawings showing location, design, materials and finish.
Fencing	Submit manufacturer literature showing location, design, materials and finish.
Doors (exterior)	Submit manufacturer literature showing design, materials and finish.
Insulation	Describe insulation type and installation method.
Masonry Pointing	Submit photos of areas requiring pointing.
Mini-Split System	Show locations of vertical piping and wall units.
New Construction	Submit drawings showing location, design, materials and finish.
Porch	Submit photo of original and drawings showing location, design, materials and finish.
Remodeling	Submit drawings showing existing and proposed interior design.
Replace Roof	Submit specific shingle manufacturer, shingle name and shingle color.
Replace Windows	Submit detailed photos of existing window deterioration (int & ext) & new window information
Storm Windows	Submit manufacturer literature showing design, materials and finish.
Structural	Submit written description of the proposed work and location.



HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION
PART 2 - DESCRIPTION OF PROPOSED WORK

7. INSTRUCTIONS Describe each item of your project and the materials and methods you propose

- (1) Painting - exterior
Photos 1-4 are different elevations for context, and to demonstrate scope of work needed to paint exterior windows, storms, and doors. ^{trim, siding}
See Dries Painting quotation attached as Document 1.
All painting will be done after thorough preparation. High quality paint will be used, to match existing cream color.
Garage doors will be sanded and stained per existing with Seikens ^{stain}
- (2) Two major ~~are~~ sets of windows need repair due to rotting wood on trim, storms and windows. This is being repaired on a time and material basis by skilled carpenter from Dries Painting.
- A) Photos 5-6 show deterioration/rot of six leaded glass box window, where trim/casing has deteriorated and will be replaced with like wood, primed and painted. Storm windows need repair. All to match existing.
- B) Photos 7-8 show deterioration of 6 stained glass windows with rotting storms and damage to wood frames of certain ~~of~~ window. Storms will be repaired, replaced if needed, to match existing with like materials. Window frame itself will be repaired. Entire set of windows will be thoroughly prepped, primed as needed, and painted to match existing.

SEND COMPLETED APPLICATIONS TO

State Historic Preservation Office
Wisconsin Historical Society - Room 312
816 State Street
Madison, WI 53706

Document 1

DRIES PAINTING LLC

Milwaukee, WI. 53212

OFFICE- 414-962-3515 Mobil: 262-353-2478

830 E KEEFE AVE MILWAUKEE WI 53212

PROPOSAL

Customer Name DEWEY CATON	Today's Date 11-28-22	deweyjcaton@gmail.com
Job Name	Phone Number 847-226-4446	Fax Number:
Address, City, State, Zip 2635 N TERRACE AVE MILWAUKEE WI 53211		Job Location:

We propose to furnish labor and material as necessary for the completion of:

PREPARATION

Areas will be protected with drop clothes as required to prevent damage from over-spray or paint splatter. WE WILL PRESSURE CLEAN ALL AREAS TO BE PAINTED ..CAULK WHERE NEEDED AND APPLY PEEL BOND PRIMER ON PEELING PAINT WHERE NEEDED

COLORS

Customer to choose colors of paint prior to start date.

Choice of colors may affect the number of coats required for adequate coverage. If more coats are required a Change order may be required.

WE WILL PAINT ALL WOOD AREAS ON HOME WITH HIGH QUALITY PAINT..WITH MATCHING COLOR / ALL WOOD STORM WINDOWS ARE INCLUDED / ALL WOOD REPAIR IF ANY WILL BE DONE ON A TIME AND MATERIAL BASIS AS PER DISCUSSION WITH HOME OWNER

ITEMS SPECIFICALLY EXCLUDED: FACTORY DOORS AND WINDOWS / WINDOWS FRAMES INSIDE STORM WINDOWS

Dries Painting warrants labor and material for a period of 1 year. This warranty specifically excludes damages caused by accident abuse, weather conditions such as temperature changes or excessive moisture, defective building materials or faulty workmanship by others.

We propose here by to furnish labor and material---complete in accordance to above specifications for the sum of ___ TWELVE -THOUSAND dollars _____ Dollars and No Cents (\$ 12,000). **Payment as follows: Checks made payable to DRIES PAINTING LLC 40% PRIOR TO START .40% AFTER PREP WORK IS COMPLETE .20% AT COMPLETETION**

All materials is guaranteed to be as specified. All work to be completed in a substantial workmanship manner according to specifications submitted, per standard practices. 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. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry, fire, tornado and other necessary insurance. If either party commences legal action to enforce its rights pursuant to this agreement, the prevailing party in said legal action shall be entitled to recover it's reasonable attorney's fees and costs of litigation relating to said legal action, as determined by a court of competent jurisdiction.

Authorized Signature: _____

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

Acceptance of Proposal: The above prices, specifications and conditions are satisfactory and therefore accepted. You are **Signature:** _____
Authorized to do the work as specified. Payment will be made
As specified above. **Signature:** _____



2' side
of house



Side of house (addition)

3



4

Back elevation



5

Window rotl ; repair needed



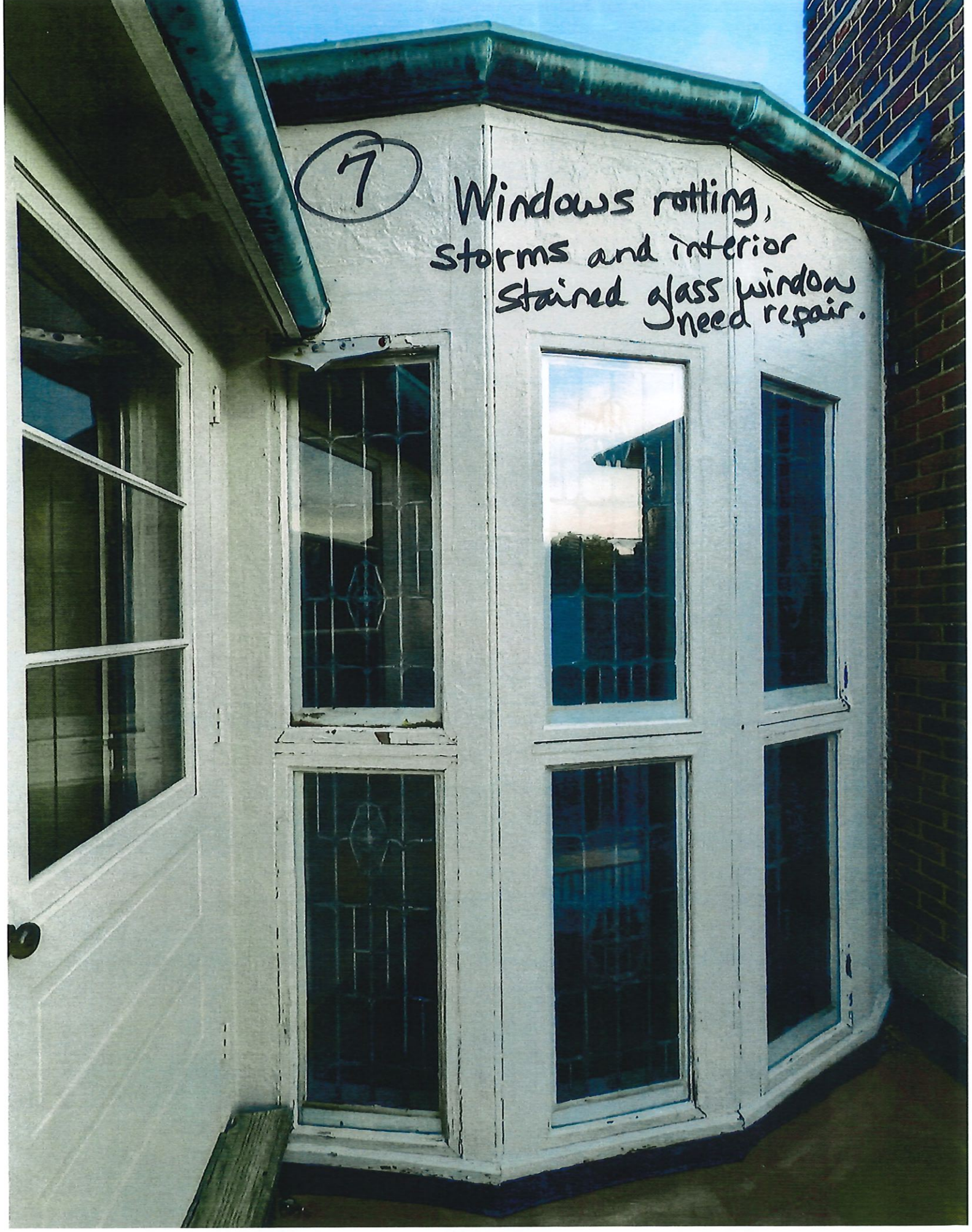
6

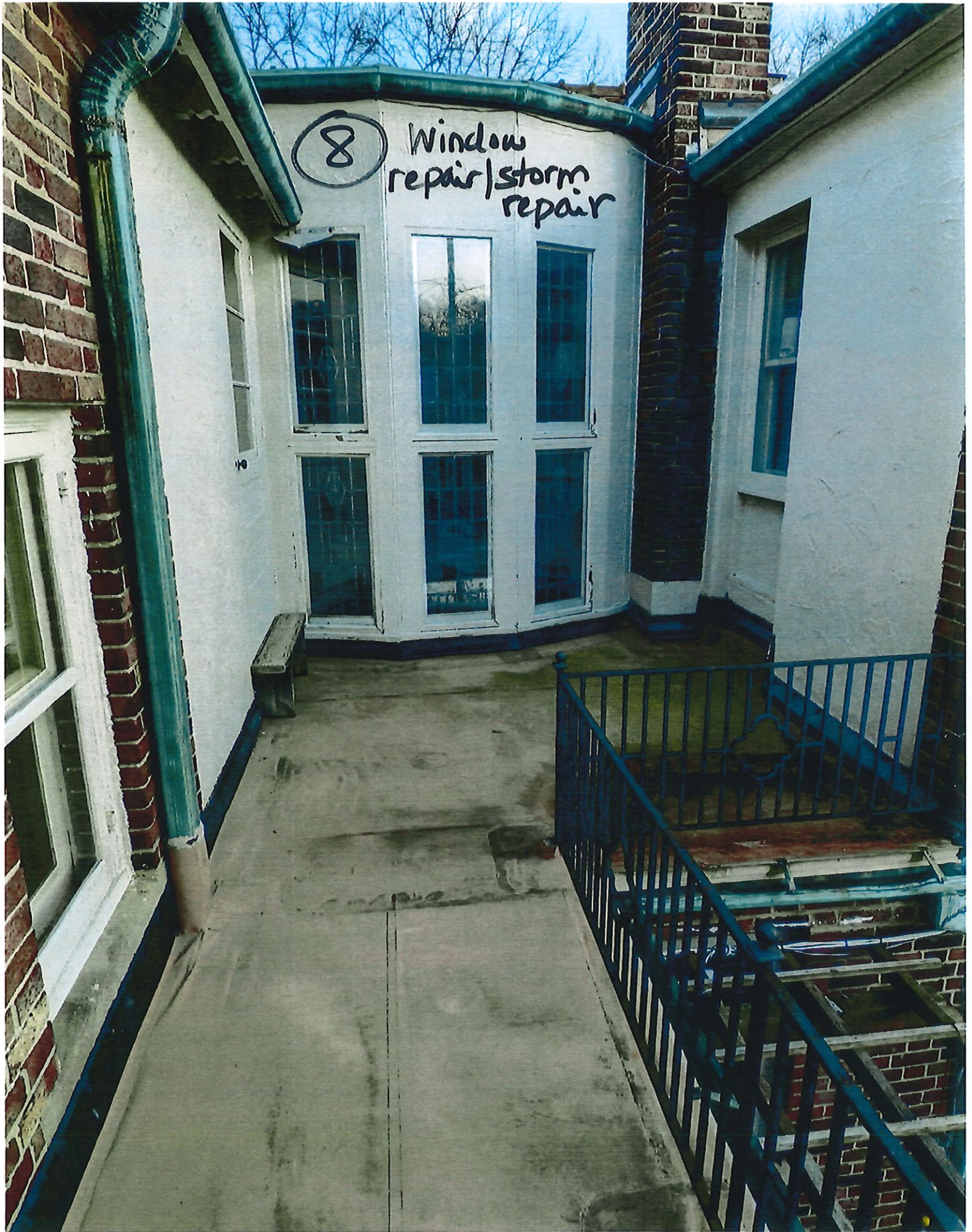
rotting
window casing



7

Windows rotting,
storms and interior
stained glass window
need repair.





8

Window
repair / storm
repair