



WISCONSIN
HISTORICAL
SOCIETY

HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION

PART 1 – EVALUATION OF SIGNIFICANCE

1. **PROPERTY ADDRESS** Street 2721 N. Lake Drive
City Milwaukee County Milwaukee ZIP 53211

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

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** Ann Jacobs & Bradly Brunson
Street 2719 N Farwell Ave
City Milwaukee State WI ZIP 53211 Telephone (days) 414 / 736-5001
Email address Ann@JacobsInjuryLaw.com

3. **PROJECT CONTACT** Ann Jacobs
Email address Ann@JacobsInjuryLaw.com Telephone (days) 414 / 736-5001

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 DATE 12/13/21

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 _____



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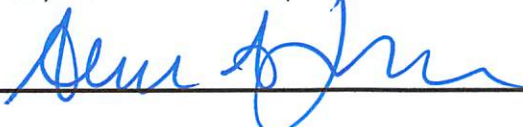
HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION
PART 2 – DESCRIPTION OF PROPOSED WORK

1. **PROPERTY ADDRESS** Street 2721 N Lake Dr.
City Milwaukee County Milwaukee ZIP 53211

2. **OWNER'S NAME** Ann Jacobs
Street 2719 N Farwell Ave
City Milwaukee State WI ZIP 53211 Telephone (days) 414 / 736-5001
Email address Ann@JacobsInjuryLaw.com

3. **PROJECT CONTACT** Ann Jacobs
Email address Ann@JacobsInjuryLaw.com Telephone (days) 414 / 736-5001

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** 12/13/21

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



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.

Eligible Work	Specific Type				Estimated Cost	Start Date	Completion Date
<input type="checkbox"/> Doors	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace	<input type="checkbox"/> Front/Rear	<input type="checkbox"/> Garage	\$		
<input type="checkbox"/> Chimney	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace	<input type="checkbox"/> Chimney Cap	<input type="checkbox"/> Liner/Insert	\$		
<input type="checkbox"/> Electrical	<input type="checkbox"/> Repair	<input type="checkbox"/> Update	<input type="checkbox"/> New Service	<input type="checkbox"/> Wall Repair	\$		
<input type="checkbox"/> Foundation	<input type="checkbox"/> Repair	<input type="checkbox"/> Rebuild	<input type="checkbox"/> Waterproofing	<input type="checkbox"/> Drain Tile	\$		
<input checked="" type="checkbox"/> HVAC	<input type="checkbox"/> Boiler	<input type="checkbox"/> Furnace	<input type="checkbox"/> Water Heater	<input checked="" type="checkbox"/> AC	\$ 26,355.00		
<input type="checkbox"/> Masonry	<input type="checkbox"/> 100%	<input type="checkbox"/> Partial			\$		
<input type="checkbox"/> Painting	<input type="checkbox"/> House	<input type="checkbox"/> Trim	<input type="checkbox"/> Garage	<input type="checkbox"/> Outbuilding	\$		
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Repair	<input type="checkbox"/> Update	<input type="checkbox"/> New Service	<input type="checkbox"/> Wall Repair	\$		
<input type="checkbox"/> Porch	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace	<input type="checkbox"/> New	<input type="checkbox"/> Steps	\$		
<input type="checkbox"/> Roof	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace	<input type="checkbox"/> Shingles	<input type="checkbox"/> Sheathing	\$		
	<input type="checkbox"/> Gutters	<input type="checkbox"/> Downspouts	<input type="checkbox"/> Soffits	<input type="checkbox"/> Facia	\$		
<input type="checkbox"/> Siding	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace	<input type="checkbox"/> Remove artificial		\$		
<input type="checkbox"/> Structural	<input type="checkbox"/> Columns	<input type="checkbox"/> Beams	<input type="checkbox"/> Joists	<input type="checkbox"/> Trusses	\$		
<input type="checkbox"/> Utilities	<input type="checkbox"/> Solar Panels	<input type="checkbox"/> Geo-thermal	<input type="checkbox"/> Well/Septic		\$		
<input type="checkbox"/> Windows	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace	<input type="checkbox"/> Storm Windows	<input type="checkbox"/> Skylights	\$		
<input type="checkbox"/> Other					\$		
<input type="checkbox"/> Other					\$		
TOTAL COST					\$ 26,355.00		

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.

Ineligible Work	Specific Type				Estimated Cost	Start Date	Completion Date
<input type="checkbox"/> Driveway	<input type="checkbox"/> Repair	<input type="checkbox"/> New			\$		
<input type="checkbox"/> Fixtures	<input type="checkbox"/> Lighting	<input type="checkbox"/> Plumbing			\$		
<input type="checkbox"/> Insulation	<input type="checkbox"/> Wall	<input type="checkbox"/> Attic			\$		
<input type="checkbox"/> Interior	<input type="checkbox"/> Refinish	<input type="checkbox"/> Plaster Repair	<input type="checkbox"/> Paint		\$		
<input type="checkbox"/> Landscaping	<input type="checkbox"/> Patio	<input type="checkbox"/> Fencing	<input type="checkbox"/> Sidewalks		\$		
<input type="checkbox"/> New	<input type="checkbox"/> New Addition				\$		
<input type="checkbox"/> Remodeling	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Bath	<input type="checkbox"/> Attic	<input type="checkbox"/> Basement	\$		
<input type="checkbox"/> Other					\$		
<input type="checkbox"/> Other					\$		
<input type="checkbox"/> Other					\$		
TOTAL COST					\$		



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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.



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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

House currently has non-functioning water chiller system from some time in the early 1970's. Replace that system with high velocity air conditioning.

We will seek permission from the Milwaukee Historic Preservation Commission to place the AC units on the north side of the house where they will not be visible from the street or rear.

This application is for the First Floor air conditioning only.

SEND COMPLETED APPLICATIONS TO

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



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HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION
REQUEST FOR FIVE YEAR PROJECT PHASING

INSTRUCTIONS If you wish to claim rehabilitation expenses beyond the standard two-year period, you must complete this form and submit it along with the Part 2 application. Make sure that you have listed all of the work in the Part 2 application, then break down the work into annual phases.

1. PROPERTY ADDRESS

Street 2721 N. Lake Dr.

City Milwaukee County Milwaukee ZIP 53211

Work to be performed in **YEAR 1**

Calendar Year 2022

Install High Velocity AC system.

Work to be performed in **YEAR 2**

Calendar Year 2023

If unable to be completed in 2022

Work to be performed in **YEAR 3**

Calendar Year _____

Work to be performed in **YEAR 4**

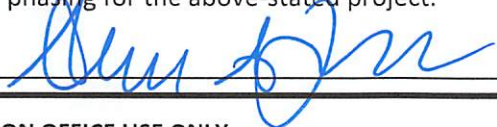
Calendar Year _____

Work to be performed in **YEAR 5**

Calendar Year _____

OWNER'S CERTIFICATION

I hereby apply for five-year phasing for the above-stated project.

SIGNATURE OF OWNER 

DATE: 12/13/21

STATE HISTORIC PRESERVATION OFFICE USE ONLY

I hereby approve the phasing plan for this project

WHS PROJECT NO. _____

For Daina Penkiunas, State Historic Preservation Officer

Date



Units to be placed on
North side of house



6530 West Forest Home Ave, Milwaukee, WI 53220
(414) 543-3626 / nimmerheating.com

PASSION FOR THE CRAFT. CARE FOR THE CUSTOMER.



Date: 12/13/2021 Submit To: Ann Jacobs 2721 N Lake Drive Milwaukee, WI 53211 414-736-5001
ann@jacobsinjurylaw.com

Air Conditioning Proposal

Air conditioning for 1st floor as follows:

- Install complete, 1 Unico 3-ton high efficiency, high velocity, mini-ducted air conditioning system for first floor.
- Install a Unico indoor blower module in basement, model #M3036BL1-EC2
- Install a Unico indoor cooling coil in basement, model # M3036CL1
- Install complete, 1 Bryant high efficiency outdoor condensing unit, model #113ANA036.
- Install a new Ecobee programmable Wi-Fi thermostat in 1st floor living area.
- Install all necessary main supply trunk in basement area and connect to 21 individual supply outlets in the floor of 1st floor rooms as needed.
- Mount outdoor condenser in the side or rear yard as needed to comply with Historic Landmark requirements.
- Use Gustafson gasketed supply plenum in basement and connect to outlets with 2" insulated piping with sound attenuators as needed.
- Install a new line set to connect indoor coil to outdoor condenser.
- Install a central return grill and all necessary insulated ductwork for return air ducting. Install this new return grill/s in 1st floor living areas. Location TBD.
- Ceiling in basement bar area will need to be accessed to route ductwork as high as possible. Any demolition work or subsequent repair of ceiling needed for this access is by others and is not included in this proposal.

□ Amount: \$26,355.00

Air conditioning for 2nd floor as follows:

- Install complete, 1 Unico 3-ton high efficiency, high velocity, air conditioning system for 2nd Floor.
- Install a Unico indoor blower module in attic, model #M3036BL1-EC2
- Install a Unico indoor cooling coil in attic, model # M3036CL1
- Install complete, 1 Bryant high efficiency outdoor condensing unit, model #113ANA036.
- Install a new Ecobee programmable Wi-Fi thermostat in 2nd floor main hallway.
- Install all necessary main supply trunk in attic area and connect to 21 individual supply outlets in ceiling of 2nd floor bedrooms/hall/bathroom as needed.
- Mount outdoor condenser in the side or rear yard as needed to comply with Historic requirements.
- Use Gustafson gasketed supply plenum in attic and connect to outlets with 2" insulated piping with sound attenuators as needed.
- Install a new line set to connect indoor coil to outdoor condenser.
- Install a central return grill and all necessary insulated ductwork for return air ducting. Install this new return grill in 2nd floor hallway area. Location TBD.

□ Amount: \$27,810.00

Upgrade standard type floor outlets to Oak floor outlets. Staining by others.

Amount: +\$22.00 each x _____ = \$ _____

TOTAL: \$ _____

Payment: 20% down Payment of \$ _____, ck# _____, Balance of \$ _____ due upon completion.

Financing available to qualified credit.

Customers Signature: _____ Date: _____