

September 3, 2025

Jerome Holbus 2716 E Belleview Pl Milwaukee, WI 53211

Re: Historic Tax Credit Certification Application

Project Number: WI250331-WI250334 Reviewed: **Conditional Approval** 

Dear Jerome Holbus,

On August 18, 2025, the State Historic Preservation Office received Historic Tax Credit Certification Applications for your property at 2716 E Belleview Pl. in Milwaukee. Enclosed are copies of the signed Part 1 applications indicating your house has been determined to be a historic property for purposes of this program.

We have reviewed the Part 2 applications and determined the proposed project will meet the "Secretary of the Interior's Standards for Rehabilitation" if the conditions on the following page are met. Enclosed are copies of the signed Part 2 applications.

We have received your four applications for the east masonry wall rebuilding project, and they will be reviewed as a group when your projects are completed.

Should work items approved or conditionally approved in Part 2 need to be amended, submit your request via an amendment application available at https://wisconsinhistory.org/Records/Article/CS3942 before beginning the work. Pictures of the affected area may also need to be submitted as part of the amendment. If questions arise during your project, we have many new articles about maintaining and preserving historic buildings that you may find useful: www.wisconsinhistory.org/preserve-your-building

When all work is completed, the project must be closed out to claim/retain tax credit.

- 1. The final review of your project on the Part 3 applications will be conducted when the scope of work of all four applications are completed and submitted to our office for review.
- 2. Take photographs showing the whole house from all sides, as well as detailed photos of the specific work that was completed. These photos should be printed in color and of a high resolution or submitted digitally in JPEG format at <a href="https://spaces.hightail.com/uplink/whshpodropbox">https://spaces.hightail.com/uplink/whshpodropbox</a>.
- 3.At the completion of the entire project, submit a Part 3: Request for Certification of Completed Work. The form can be downloaded from the webpage Homeowner's Historic Tax Credits: <a href="https://wisconsinhistory.org/Records/Article/CS3942">https://wisconsinhistory.org/Records/Article/CS3942</a>

Fill it out with the project number that begins with WI250331, the actual costs of the eligible project work and submit it with the photos of all completed work. Note that the actual costs listed cannot exceed \$40,000 if your project ran over the estimated amount. This Part 3 form, with a signature from our office, will be required by the Wisconsin Department of Revenue to claim the tax credits.



If you have questions about this approval or the conditions, please contact Paul Porter at 608-264-6491 or <a href="Paul Porter@wisconsinhistory.org">Paul Porter@wisconsinhistory.org</a>. This approval is at the State level only. Consult your local municipality to determine if local historic preservation reviews are required.

Sincerely,

Paul Porter

Rehabilitation Project Reviewer-Eastern District





#### ASSIGNED PROJECT CONDITIONS

## **Homeowner Copy**

PROPERTY NAME: S.W. and G.H. Gottschalk Investment Property PROJECT NUMBER: WI250331-WI250334 2716 E Belleview Pl Milwaukee

In order for your project to be approved for income tax credits the following conditions must be met. A second copy of these conditions are being provided for your contractor's use. It is the homeowner's responsibility that all conditions are met. Failure to meet these conditions results in project denial.

- 1) In carrying out pointing work, you must ensure that: 1) removal of the existing mortar does not damage the masonry; 2) the mortar color, appearance, and tooling of joints matches the original exactly; and 3) the new mortar is sufficiently soft to prevent damage to the original masonry. Unless lab testing reveals that the original mortar is unusually hard, the building should be pointed using mortar that is no harder than ASTM, Type N, which consists of 1 part Portland cement, 1-part hydrated lime and 6 parts sand. To match the color of the original mortar, the mason may need to use white, rather than gray, Portland cement tinted to match the existing.
- 2) Only bricks that have been structurally compromised may be replaced. Bricks with small chips and/or spalls should be retained. Before searching for new bricks, the damaged brick should be removed to see if that brick can simply be flipped and reinstalled with the sound face out. If the historic brick is permanently discolored or damaged and does not allow this method of re-use, any new brick must match the original brick in color, texture and dimension.
- 3) Only stones that have been structurally compromised may be replaced. Stones with small chips and/or spalls should be retained. Before searching for new stones, the damaged stone should be removed to see if that piece can simply be flipped and reinstalled with the sound face out. If the historic stone does not allow this method of re-use, any new stone must match the original stone in color, texture and dimension.
- 4) Masonry sealant can cause significant moisture-related damage to masonry if the wrong product is used and is generally not approved (I didn't see that proposed in the estimate but needed to note it).

9/3/25



#### **ASSIGNED PROJECT CONDITIONS**

## **Contractor Copy**

PROPERTY NAME: S.W. and G.H. Gottschalk Investment Property PROJECT NUMBER: WI250331-WI250334 2716 E Belleview Pl Milwaukee

In order for your project to be approved for income tax credits the following conditions must be met. A second copy of these conditions are being provided for your contractor's use. It is the homeowner's responsibility that all conditions are met. Failure to meet these conditions results in project denial.

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- 4) Masonry sealant can cause significant moisture-related damage to masonry if the wrong product is used and is generally not approved (I didn't see that proposed in the estimate but needed to note it).

9/3/25

Paul Porter for Amy Wyatt, Interim State Historic Preservation Officer

DATE





Homeowner's Historic Rehabilitation Tax Credit Application

## Part 1 -- Evaluation of Significance

1. Property Address	Street 2716 E Belleview I	AHI 118008	
	City Milwaukee	County_Milwaukee	Zip <u>53211</u>
Listed in the National/Sta	State or National Register	in an Historic District S.W. and G.H. Gottsel	or Individually <del>nalk Investmen</del> t <b>⊞ North Po</b> n
Not listed in	the State or National Regisestionnaire with this applic	ster, I have enclosed a	National North HD
2. Owner's Name Jeron	me W. Hoilbus		
Street <u>2716 I</u>	E. Belleview Place		
City Milwauke	state <u>V</u>	/IZip <u>53211</u> Tele	ephone <u>414-614-1903</u>
Email addres	s jholbus@gmail.com		
	is owner-occupied		
The building	is a rental/income-produci	ng property	
all exterior sides of th	nust enclose current photo ne buildings. See instruction required for completion of	ns on photo submittal	and format requirements.
✓ I have enclos	sed the required photograp	ohs al	
4. Owner's Certificatio	n A 4	COL May	
Signature o			Date 08/17/2025
	formation I have provided is, to to cocupied personal residence. Bublic record.		
STATE HISTORIC PRES	ERVATION OFFICE USE	ONLY WHS PR	OJECT NO. <u>LAT 250331</u>
	office has reviewed this application a ate Register of Historic Places or N		accor and is a historia property for
urposes of the Homeowner's	s Historic Rehabilitation Tax Credit. e above-named State Register or N	-	
purposes of the Homeowner's	s Historic Rehabilitation Tax Credit. the State Register of National Regi	ū	, , ,
historic property for the purpo	ses of the Homeowner's Historic R	ehabilitation Tax Credit.	tional Register of Historic Places, is
not a contributing resource to	a State Register or National Regis Evaluation; therefore the property i	ter historic district, and does	not appear to meet the State or
Tall		_ 9/3	3/25
For the State Historic Preserv	ation Officer	Date	





County Milwaukee Zip 53211

State WI Zip 53211 Telephone 414-614-1903

## Part 2 – Description of Proposed Work

Per state law, you must receive signed written approval by SHPO before work begins to receive the credits.

1. **Property Address** Street 2716 E Belleivew Place

Street<sup>2716</sup> E Belleview Place

Email address jholbus@gmail.com

2. Owner's Name Jerome Holbus

CityMilwaukee

3. Owner's Certification

Signature of Owner Come H. Jellie	Date 17 August 2025
I hereby attest that the information I have provided is, to the best of property described above. I further agree to submit the <i>Request for C</i> of the date of completion of work or face forfeiture of any tax credit of program, I consent to this application becoming a public record.	Certification of Completed Work within 30 days
STATE HISTORIC PRESERVATION OFFICE USE ONLY	WHS PROJECT NO. WI 250331
The State Historic Preservation Office has reviewed this application for the above	e-named property and has determined that:
the property is a historic property and the rehabilitation work as described m	neets the "Secretary of the Interior's Standards for
Rehabilitation." This is a preliminary determination only. Final certification can be for Certification of Completed Work has been approved.	e issued only after work has been completed and a Request
the property is a historic property and the rehabilitation will meet the "Secretattached conditions are met. This is a preliminary determination only. Final certificant and a Request for Certification of Completed Work has been submitted and appropriate to the complete that the com	ication can be issued only after work has been completed
- Adda	9/3/25
For the State Historic Preservation Officer	Date
NON-CERTIFICATION THE OWNER MAY NOT CLAIM THE TAX CREDIT. The rehabilitation is not that the project does not meet the "Secretary of the Interior's Standards for RehaTHE OWNER MAY NOT CLAIM THE TAX CREDIT. The property has not be this program.	abilitation" for reasons given in the attached materials.
For the State Historic Preservation Officer	Date



SHPO Use Only Project No. <u>www.1250331</u>

#### Homeowner's Historic Rehabilitation Tax Credit Application

### Part 2 – Description of Proposed Work

#### 4a. Eligible Tax Credit Work

- 1. Check the boxes below for the eligible work you plan to complete.
- 2. If you have an eligible work item not on the list, please add it as "Other". For items marked with an asterisk, see instructions.
- 3. Complete the estimated cost based on bids and materials cost estimates.
- 4. Add the estimated start and completion dates. Per state law, approved work must be completed within two years, or up to five years if you file a "Request for Five-year Phasing" form (HPD:WTC004) with this Part 2 application.
- 5. Provide photos showing the areas of the proposed work.

							E	OI-tio-	Dhetes
Eligible V	Vork		T		r	Estimated Costs	Estimated Start Date mm/dd/yyyy	Completion Date mm/dd/yyyy	Photos included (check box)
Chin	nney [	Repair	Replace	Chimney Cap					
	oors	Repair	Replace	☐ Front/Rear	Storm				
	ough [ trical	Repair	Update	Panel/Wiring	☐ Wall Repair				
Founda	ation [	Repair	Rebuild	Waterproofing	Interior Drain Tile/ Sump Pump	10.			
☐ Gar	age* [	Roof	Siding	☐ Doors	Foundation				
П	VAC [	Boiler	Furnace	AC/Mini Split	Ducts				
☐ Mas	onry [	Repoint	Clean						
Pai	nting [	House	Trim	Garage	Outbuilding				
	ough [	Repair	Update	☐ Wall Repair	Water heater				
	orch*	Repair	Replace	Steps					
	Roof [	Repair	Replace	Gutters	Downspouts				
		Soffits	☐ Facia						
S	iding	Repair	Replace	Remove artificia					
Struc	ctural	Columns	Beams	☐ Joists					
	Other	Solar Panels	Geo- Thermal	☐ Well/Seption					
	dows	Repair	Replace	Storm Windows					
Z (	Other	Phase 1 o	f 4: East V	Vall Rebuild		\$40,000	09/15/202	11/15/2025	Z
				il.	Total Estimated Cost	\$40,000			



SHPO Use Only
Project Now 1250338431

WI250333

## Homeowner's Historic Rehabilitation Tax Credit Application

## Part 2 - Description of Proposed Work

SHPO must review <u>ALL</u> work for compliance with the Secretary of the Interior's Standards, even if it is not eligible or claimed for tax credits.

- 1. Below, check the box(es) for the ineligible work which you have completed in the last year, or plan to complete during the project.
- 2. If you have an ineligible work item not on the list, please add it.
- 3. Complete the estimated cost reflective of bids and materials costs.
- 4. Enclose photos showing the proposed work.

_				 						
ŀ	neligible Work						Estimated Costs	Start Date mm/dd/yyyy	Completion Date mm/dd/yyyy	Photos included (check box)
	Addition	Ш	New	Electrica		Plumbing				
Ш	Deck		Addition	Rebuilding		Repair				
	Driveway		Repair	New						
	Electrical		New Service							
	Fireplace		Insert	Conversion & gas plumbing						
	Fixtures		Lighting	Plumbing						
	Floors		Repair	Refinish	F	] New				
	Insulation		Wall	Attic						
	Interior		Refinish	Plaster Repair		Painting				
	Landscaping		Patio	Fencing						
	Plumbing		New Service							
	Remodeling		Kitchen	Bath		] Attic				
		□ E	Basement							
	Walls		Opening	Removal	ļ.	Adding				
	Other									
	Other									
				Т	otal	Est Cost	0			

1. Property Address





BY:

## Homeowner's Historic Rehabilitation Tax Credit Application Part 1 -- Evaluation of Significance

Street 2716 E Belleview Place

City Milwaukee County Milwaukee Zip 53211										
Listed in the State or National Register in an Historic District or Individually National/State Register Listing Name: S.W. and G.H. Gottschalk Investment										
Not listed in the State or National Register, I have enclosed a National Register Questionnaire with this application. http://wihist.org/NRQ										
2. Owner's Name Jerome W. Hoilbus										
Street 2716 E. Belleview Place										
CityMilwaukee State WI Zip53211 Telephone 414-614-1903										
Email address jholbus@gmail.com										
✓ The building is owner-occupied										
The building is a rental/income-producing property										
3. <b>Photographs</b> You must enclose current photographs of all buildings, clearly showing all exterior sides of the buildings. See instructions on photo submittal and format requirements. Additional photos are required for completion of the Part 2 application.										
I have enclosed the required photographs  4. Owner's Certification										
Signature of Owner Cum W. Fellow Date 08/17/2025										
I hereby attest that the information I have provided is, to the best of my knowledge, correct and that the property is my owner-occupied personal residence. By applying to this program, I consent to this application becoming a public record.										
TATE HISTORIC PRESERVATION OFFICE USE ONLY WHS PROJECT NO. LATE SECTION OF STATE HISTORIC PRESERVATION OFFICE USE ONLY	,									
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 a historic property for										
purposes of the Homeowner's Historic Rehabilitation Tax Credit.  the property contributes to the above-named State Register or National Register historic district and is a historic property for the										
purposes of the Homeowner's Historic Rehabilitation Tax Credit.  the property appears to meet the State Register of National Register Criteria for Evaluation and, therefore is determined to be										
historic property for the purposes of the Homeowner's Historic Rehabilitation 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 resource to a State Register or National Register historic district, and does not appear to meet the State or National Register Criteria for Evaluation; therefore the property is not a historic property for purposes of the Homeowner's Historic Rehabilitation Tax Credit.										
9/3/25										
or the State Historic Preservation Officer Date										





\_\_County Milwaukee Zip 53211

\_\_State WI \_\_Zip 53211 \_Telephone 414-614-1903

## Part 2 - Description of Proposed Work

Per state law, you must receive signed written approval by SHPO before work begins to receive the credits.

1. **Property Address** Street 2716 E Belleivew Place

Street<sup>2716</sup> E Belleview Place

Email address jholbus@gmail.com

CityMilwaukee

3. Owner's Certification

3. Owner's Certification	
Signature of Owner Cume H. Fellow	<b>Date</b> _17 August 2025
I hereby attest that the information I have provided is, to the best property described above. I further agree to submit the Request for of the date of completion of work or face forfeiture of any tax cred program, I consent to this application becoming a public record.	or Certification of Completed Work within 30 days
STATE HISTORIC PRESERVATION OFFICE USE ONLY	WHS PROJECT NO. WI280332
The State Historic Preservation Office has reviewed this application for the abundance of the property is a historic property and the rehabilitation work as described Rehabilitation." This is a preliminary determination only. Final certification can for Certification of Completed Work has been approved.  The property is a historic property and the rehabilitation will meet the "Section attached conditions are met. This is a preliminary determination only. Final certification of Completed Work has been submitted and a Request for Certification of Completed Work has been submitted and a	d meets the "Secretary of the Interior's Standards for he issued only after work has been completed and a Request cretary of the Interior's Standards for Rehabilitation" if the ertification can be issued only after work has been completed
For the State Historic Preservation Officer	Date
NON-CERTIFICATION THE OWNER MAY NOT CLAIM THE TAX CREDIT. The rehabilitation is that the project does not meet the "Secretary of the Interior's Standards for ReTHE OWNER MAY NOT CLAIM THE TAX CREDIT. The property has no this program.	not consistent with the historic character of the property and ehabilitation" for reasons given in the attached materials.
For the State Historic Preservation Officer	Date
	LI LA LOSOS E LIDDATOROS DA



SHPO Use Only Project No. <u>WI250332</u>

#### Homeowner's Historic Rehabilitation Tax Credit Application

## Part 2 – Description of Proposed Work

#### 4a. Eliqible Tax Credit Work

- 1. Check the boxes below for the eligible work you plan to complete.
- 2. If you have an eligible work item not on the list, please add it as "Other". For items marked with an asterisk, see instructions.
- 3. Complete the estimated cost based on bids and materials cost estimates.
- 4. Add the estimated start and completion dates. Per state law, approved work must be completed within two years, or up to five years if you file a "Request for Five-year Phasing" form (HPD:WTC004) with this Part 2 application.
- 5. Provide photos showing the areas of the proposed work.

								0 10 1	DI 1
Elig	ible Work					Estimated Costs	Estimated Start Date mm/dd/yyyy	Completion Date mm/dd/yyyy	Photos included (check box)
V	Chimney	Repair	Replace	Chimney Cap		included	09/15/202	11/15/2025	
	Doors	Repair	Replace	Front/Rear	Storm				
	Rough Electrical	Repair	Update	Panel/Wiring	Wall Repair				
F	oundation	Repair	Rebuild	Waterproofing	Interior Drain Tile/ Sump Pump		ME.	45	
	Garage*	Roof	Siding	☐ Doors	☐ Foundation				
	HVAC	☐ Boiler	Furnace	AC/Mini Split	Ducts				
	Masonry	Repoint	Clean						
	Painting	House	Trim	Garage	Outbuilding				
	Rough Plumbing	Repair	☐ Update	☐ Wall Repair	Water heater				
	Porch*	Repair	Replace	Steps			3		
	Roof	Repair	Replace	Gutters	Downspouts				
		Soffits	☐ Facia			2			
	Siding	Repair	Replace	Remove					
	Structural	Columns	Beams	Joists					
	Other Utilities	Solar Panels	Geo- Thermal	☐ Well/Seption					
	Windows	Repair		Storm Windows					
Z	Other	Phase 2 o	of 4: East V	Vall Rebuild	_	\$40,000	09/15/202	11/15/2025	V
		1.		Ä	Total Estimated Cost	\$40,000		-	



SHPO Use Only Project No. <u>WI250332</u>

#### Homeowner's Historic Rehabilitation Tax Credit Application

## Part 2 – Description of Proposed Work

SHPO must review <u>ALL</u> work for compliance with the Secretary of the Interior's Standards, even if it is not eligible or claimed for tax credits.

- 1. Below, check the box(es) for the ineligible work which you have completed in the last year, or plan to complete during the project.
- 2. If you have an ineligible work item not on the list, please add it.
- 3. Complete the estimated cost reflective of bids and materials costs.
- 4. Enclose photos showing the proposed work.

_		-									
1	neligible Work							Estimated	Start Date	Completion	Photos
								Costs	mm/dd/yyyy	Date	included
_				-						mm/dd/yyyy	(check box)
	Addition	Ш	New		Electrica		Plumbing				
	Deck		Addition		Rebuilding		Repair				
	Driveway		Repair		New						
	Electrical		New Service								
	Fireplace		Insert		Conversion & gas plumbing						
	Fixtures		Lighting		Plumbing						
	Floors		Repair		Refinish		New				
	Insulation		Wall		Attic					1.0	
	Interior		Refinish		Plaster Repair		Painting				
	Landscaping		Patio		Fencing						
	Plumbing		New Service								
	Remodeling		Kitchen		Bath		Attic				
		□ E	Basement		2						
	Walls		Opening		Removal		Adding				
	Other										
	Other										
					1	otal	Est Cost	0			

1. Property Address



Street 2716 E Belleview Place



# Homeowner's Historic Rehabilitation Tax Credit Application Part 1 -- Evaluation of Significance

City Milwaukee	CountyMilwa	aukee Zip <u>53211</u>								
Listed in the State or National Regist National/State Register Listing Name										
Not listed in the State or National Register, I have enclosed a National Register Questionnaire with this application. http://wihist.org/NRQ										
2. Owner's Name Jerome W. Hoilbus										
Street 2716 E. Belleview Place										
CityMilwaukee State	WI Zip 53211	Telephone 414-614-1903								
Email address jholbus@gmail.com		_								
▼ The building is owner-occupied										
The building is a rental/income-produ	cing property									
<ol> <li>Photographs You must enclose current photoall exterior sides of the buildings. See instructional photos are required for completion.</li> </ol>	ons on photo sub	omittal and format requirements.								
✓ I have enclosed the required photogra	iphs									
4. Owner's Certification	o U. Uru	=====								
Signature of Owner  I hereby attest that the information I have provided is, to	1. 7200	Date 08/17/2025								
the property is my owner-occupied personal residence. application becoming a public record.										
STATE HISTORIC PRESERVATION OFFICE USE	ONLY W	HS PROJECT NO. WE 25033	3							
The State Historic Preservation Office has reviewed this application the property is listed in the State Register of Historic Places or	National Register of H									
purposes of the Homeowner's Historic Rehabilitation Tax Cred the property contributes to the above-named State Register or	National Register histo	oric district and is a historic property for the								
purposes of the Homeowner's Historic Rehabilitation Tax Cred the property appears to meet the State Register of National Re	gister Criteria for Evalu	uation and, therefore is determined to be								
historic property for the purposes of the Homeowner's Historic NON-CERTIFICATION: the property is not listed in the State R not a contributing resource to a State Register or National Reg National Register Criteria for Evaluation; therefore the property Historic Rehabilitation Tax Credit.	egister of Historic Plac ister historic district, ar	ces or National Register of Historic Places, is nd does not appear to meet the State or								
- Kallet		9/3/25								
For the State Historic Preservation Officer		Date								





County Milwaukee Zip 53211

State WI Zip 53211 Telephone 414-614-1903

## Part 2 - Description of Proposed Work

Per state law, you must receive signed written approval by SHPO before work begins to receive the credits.

1 Alu

1. **Property Address** Street 2716 E Belleivew Place

Street<sup>2716</sup> E Belleview Place

Email address jholbus@gmail.com

2. Owner's Name Jerome Holbus

CityMilwaukee

3. Owner's Certification

Signature of Owner Cume H. Lewis	Date 17 August 2025									
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 further agree to submit the <i>Request for Certification of Completed Work</i> within 30 days of the date of completion of work or face forfeiture of any tax credit claimed for this project. By applying to this program, I consent to this application becoming a public record.										
STATE HISTORIC PRESERVATION OFFICE USE ONLY	Y WHS PROJECT NO. WI150333									
The State Historic Preservation Office has reviewed this application for the althe property is a historic property and the rehabilitation work as describe Rehabilitation." This is a preliminary determination only. Final certification ca for Certification of Completed Work has been approved.	ed meets the "Secretary of the Interior's Standards for									
the property is a 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 submitted and approved.										
For the State Historic Preservation Officer										
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 the purposes of this program.										
For the State Historic Preservation Officer	Date									
	Undeted 2025, Farms UDD:MECO22, Day 4									



SHPO Use Only Project No. Type text here

Type text here

Type text

Type text here

## Homeowner's Historic Rehabilitation Tax Credit Application

## Part 2 – Description of Proposed Work

#### 4a. Eligible Tax Credit Work

- 1. Check the boxes below for the eligible work you plan to complete.
- 2. If you have an eligible work item not on the list, please add it as "Other". For items marked with an asterisk, see instructions.
- 3. Complete the estimated cost based on bids and materials cost estimates.
- 4. Add the estimated start and completion dates. Per state law, approved work must be completed within two years, or up to five years if you file a "Request for Five-year Phasing" form (HPD:WTC004) with this Part 2 application.
- 5. Provide photos showing the areas of the proposed work.

Eligible Work		Costs	Estimated Start Date mm/dd/yyyy	Completion Date mm/dd/yyyy	Photos included (check box)
Chimney	Repair Replace Chimney Cap Flue Line	er			
☐ Doors	Repair Replace Front/Rear Storr	n			
Rough Electrical	Repair Update Panel/Wiring Wall Repa	ir			
Foundation	Repair Rebuild Waterproofing Drain Tile Sump Pum	e/			
Garage*	Roof Siding Doors Foundatio	n			
☐ HVAC	Boiler Furnace AC/Mini Split Duct	:s			
Masonry	Repoint Clean			6	
Painting	☐ House ☐ Trim ☐ Garage ☐ Outbuildin	g			
Rough Plumbing	Repair Update Wall Repair Wate				
Porch*	Repair Replace Steps				
Roof	Repair Replace Gutters Downspout	ts			
	Soffits Facia				
Siding	Repair Replace Remove artificial				
Structural	Columns Beams Joists Trusse	es			
Other Utilities	Solar Geo- Well/Septic Panels Thermal				
Windows	Repair Replace Storm Skyligh Windows	ts			
Other	Phase 3 of 4: East Wall Rebuild	\$40,000	09/15/202	11/15/2025	Z
	Total Estimate Cost	\$40,000			



SHPO Use Only Project No. <u>Type text here</u>

> PROPERTY NAME: S.V PROJECT NUMBER: W 2716 E Belleview PI Milwaukee

## Homeowner's Historic Rehabilitation Tax Credit Application

## Part 2 – Description of Proposed Work

SHPO must review <u>ALL</u> work for compliance with the Secretary of the Interior's Standards, even if it is not eligible or claimed for tax credits.

- 1. Below, check the box(es) for the ineligible work which you have completed in the last year, or plan to complete during the project.
- 2. If you have an ineligible work item not on the list, please add it.
- 3. Complete the estimated cost reflective of bids and materials costs.
- 4. Enclose photos showing the proposed work.

La ali alla 1A7a o					
Ineligible Wor		Estimated Costs	Start Date mm/dd/yyyy	Completion Date mm/dd/yyyy	Photos included (check box)
Additio	New Electrical Plumbing				
☐ Dec	Addition Rebuilding Repair				
☐ Drivewa	/ Repair New				
☐ Electrica	I New Service				
Fireplace					
Fixture					
☐ Floors	Repair Refinish New				
☐ Insulation	Wall Attic				
☐ Interio	Refinish Plaster Repair Painting				
Landscaping	Patio Fencing				
Plumbing	New Service				
Remodeling	☐ Kitchen ☐ Bath ☐ Attic				
	Basement				
☐ Walls	Opening    Removal    Adding				
Other				193	
Othe					
	Total Est Cost	0			

1. Property Address





## Homeowner's Historic Rehabilitation Tax Credit Application Part 1 -- Evaluation of Significance

Street 2716 E Belleview Place

City Milwaukee	CountyMilwaukeeZip 53211
<b>V</b>	ter in an Historic District or Individually e: S.W. and G.H. Gottschalk Investment 🏗
Not listed in the State or National Re Register Questionnaire with this apple	
2. Owner's Name Jerome W. Hoilbus	
Street 2716 E. Belleview Place	
CityMilwaukee State	WI Zip53211 Telephone 414-614-1903
Email address jholbus@gmail.com	
The building is owner-occupied	
The building is a rental/income-produ	ucing property
<ol> <li>Photographs You must enclose current pho all exterior sides of the buildings. See instruct Additional photos are required for completion</li> </ol>	ions on photo submittal and format requirements.
✓ I have enclosed the required photogr	aphs
4. Owner's Certification	1-0111
Signature of Owner	Date 08/17/2025
I hereby attest that the information I have provided is, t	o the best of my knowledge, correct and that
the property is my owner-occupied personal residence. application becoming a public record.	. By applying to this program, I consent to this
	TOWN WILL PROJECT NO. 1 STACOTAL
STATE HISTORIC PRESERVATION OFFICE US  The State Historic Preservation Office has reviewed this application	
	r National Register of Historic Places and is a historic property for
the property contributes to the above-named State Register or	r National Register historic district and is a historic property for the
purposes of the Homeowner's Historic Rehabilitation Tax Cred the property appears to meet the State Register of National Re	egister Criteria for Evaluation and, therefore is determined to be
historic property for the purposes of the Homeowner's Historic NON-CERTIFICATION: the property is not listed in the State F	: Rehabilitation Tax Credit. Register of Historic Places or National Register of Historic Places, is
not a contributing resource to a State Register or National Re- National Register Criteria for Evaluation; therefore the propert Historic Rehabilitation Tax Credit.	gister historic district, and does not appear to meet the State or
Kask	9/3/25
For the State Historic Preservation Officer	
	H-J-t-J 0005, E HED MECOCA D-





State WI Zip 53211 Telephone 414-614-1903

\_\_\_\_County Milwaukee Zip 53211

## Part 2 - Description of Proposed Work

Per state law, you must receive signed written approval by SHPO before work begins to receive the credits.

1. **Property Address** Street 2716 E Belleivew Place

Street<sup>2716</sup> E Belleview Place

Email address jholbus@gmail.com

2. Owner's Name Jerome Holbus

CityMilwaukee

3. Owner's Certification

Simple of Owner A	Date 17 August 2025
Signature of Owner Cume H. Gewel	_Date
I horaby attent that the information I have previous in to the best of	u lun avul a dina a naura ak ara di kla ak li avura kla a
I hereby attest that the information I have provided is, to the best of m property described above. I further agree to submit the Request for Conference of the data of completion of work or for faither than the state of completion of work or for faither than the state of completion of work or for faither than the state of completion of work or for faither than the state of completion of work or for faither than the state of the st	ertification of Completed Work within 30 days
of the date of completion of work or face forfeiture of any tax credit cla program, I consent to this application becoming a public record.	imed for this project. By applying to this
STATE HISTORIC PRESERVATION OFFICE USE ONLY	WHS PROJECT NO. WI150334
The State Historic Preservation Office has reviewed this application for the above-	named property and has determined that:
the property is a historic property and the rehabilitation work as described me	
Rehabilitation." This is a preliminary determination only. Final certification can be i	ssued only after work has been completed and a Request
for Certification of Completed Work has been approved.	
Ytho property is a historic property and the rehabilitation will most the "Converted	w of the Interior Chandrale for Dalantities in the
the property is a historic property and the rehabilitation will meet the "Secretar attached conditions are met. This is a preliminary determination only. Final certific	y of the interior's Standards for Renabilitation if the
and a Request for Certification of Completed Work has been submitted and appro	
· · · · · · · · · · · · · · · · · · ·	
1 wy Y	9/3/25
For the State Historic Preservation Officer	9/3/25 Date
NON-CERTIFICATION	Date
NON-CERTIFICATIONTHE OWNER MAY NOT CLAIM THE TAX CREDIT. The rehabilitation is not on	Date onsistent with the historic character of the property and
NON-CERTIFICATION	Date  onsistent with the historic character of the property and illitation" for reasons given in the attached materials.
NON-CERTIFICATION THE OWNER MAY NOT CLAIM THE TAX CREDIT. The rehabilitation is not of that the project does not meet the "Secretary of the Interior's Standards for Rehabilitation".	Date  onsistent with the historic character of the property and illitation" for reasons given in the attached materials.
NON-CERTIFICATION THE OWNER MAY NOT CLAIM THE TAX CREDIT. The rehabilitation is not of that the project does not meet the "Secretary of the Interior's Standards for Rehabilitation of the OWNER MAY NOT CLAIM THE TAX CREDIT. The property has not been considered in the constant of th	Date  onsistent with the historic character of the property and illitation" for reasons given in the attached materials.
NON-CERTIFICATION THE OWNER MAY NOT CLAIM THE TAX CREDIT. The rehabilitation is not of that the project does not meet the "Secretary of the Interior's Standards for Rehabilitation of the OWNER MAY NOT CLAIM THE TAX CREDIT. The property has not been considered in the constant of th	Date  onsistent with the historic character of the property and illitation" for reasons given in the attached materials.



SHPO Use Only Project No. <u>Type text her</u>e

WI250333Type text here

#### Homeowner's Historic Rehabilitation Tax Credit Application

## Part 2 – Description of Proposed Work

#### 4a. Eligible Tax Credit Work

- 1. Check the boxes below for the eligible work you plan to complete.
- 2. If you have an eligible work item not on the list, please add it as "Other". For items marked with an asterisk, see instructions.
- 3. Complete the estimated cost based on bids and materials cost estimates.
- 4. Add the estimated start and completion dates. Per state law, approved work must be completed within two years, or up to five years if you file a "Request for Five-year Phasing" form (HPD:WTC004) with this Part 2 application.
- 5. Provide photos showing the areas of the proposed work.

acii appiio	20.011 111401		ii or engible w			<del></del>		
Eligible Work					Estimated Costs	Estimated Start Date mm/dd/yyyy	Completion Date mm/dd/yyyy	Photos included (check box)
Chimne	Repair	Replace	Chimney Cap	Flue Liner				
☐ Doors	Repair	Replace	Front/Rear	Storm				
Rough		Update	☐ Panel/Wiring	Wall Repair				
Foundation		Rebuild	Waterproofing	Interior Drain Tile/ Sump Pump				
☐ Garage	Roof	Siding	Doors	☐ Foundation				
☐ HVAC	Boiler	Furnace	AC/Mini Split	Ducts				
Masonry Masonry	Repoint	Clean						
Painting	House	Trim	Garage	Outbuilding				
Rougl		Update	☐ Wall Repair	Water heater				
Porch		Replace	Steps					
Roo	f Repair	Replace	Gutters	Downspouts				
	Soffits	☐ Facia						
Sidin	Repair	Replace	Remove					
Structura	Columns	Beams	Joists					
Othe Utilitie		Geo- Thermal	Well/Seption					
☐ Window		Replace	Storm Windows					
<b>✓</b> Othe					\$40,000	09/15/202	11/15/2025	Z
1				Total Estimated Cost	\$40,000			



SHPO Use Only Project No. Type text here

WI250333

#### Homeowner's Historic Rehabilitation Tax Credit Application

## Part 2 – Description of Proposed Work

SHPO must review <u>ALL</u> work for compliance with the Secretary of the Interior's Standards, even if it is not eligible or claimed for tax credits.

- 1. Below, check the box(es) for the ineligible work which you have completed in the last year, or plan to complete during the project.
- 2. If you have an ineligible work item not on the list, please add it.
- 3. Complete the estimated cost reflective of bids and materials costs.
- 4. Enclose photos showing the proposed work.

	/						
Ineligible Work				Estimated Costs	Start Date mm/dd/yyyy	Completion Date mm/dd/yyyy	Photos included (check box)
Addition	☐ New ☐	Electrical	Plumbing				
☐ Deck	Addition	Rebuilding	☐ Repair			1	
Driveway	Repair [	] New					
☐ Electrical	☐ New Service				777.		
Fireplace	☐ Insert ☐	Conversion & gas plumbing					
Fixtures	Lighting [	Plumbing			_		
☐ Floors	Repair C	Refinish	☐ New				
☐ Insulation	☐ Wall ☐	Attic					
☐ Interior	Refinish	Plaster Repair	☐ Painting				
Landscaping	Patio [	Fencing			_		
Plumbing	New Service			12			
Remodeling	☐ Kitchen ☐	] Bath	Attic A				
	Basement						
☐ Walls	Opening _	Removal	Adding				
Other							
☐ Other							
	0						