



September 3, 2025

Jerome Holbus
2716 E Bellevue 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 Bellevue 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 <https://spaces.hightail.com/uplink/whshpodropbox>.

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: <https://wisconsinhistory.org/Records/Article/CS3942>

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.



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If you have questions about this approval or the conditions, please contact Paul Porter at 608-264-6491 or [Paul Porter@wisconsinhistory.org](mailto:Paul.Porter@wisconsinhistory.org). **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



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WI

ASSIGNED PROJECT CONDITIONS

Homeowner Copy

PROPERTY NAME: S.W. and G.H. Gottschalk Investment Property
PROJECT NUMBER: WI250331-WI250334
2716 E Bellevue 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).

Paul Porter for Amy Wyatt, Interim State Historic Preservation Officer

9/3/25

DATE

Collecting, Preserving and Sharing Stories Since 1846

816 State Street Madison, Wisconsin 53706

wisconsinhistory.org



ASSIGNED PROJECT CONDITIONS

Contractor Copy

PROPERTY NAME: S.W. and G.H. Gottschalk Investment Property
 PROJECT NUMBER: WI250331-WI250334
 2716 E Bellevue 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.
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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).

Paul Porter for Amy Wyatt, Interim State Historic Preservation Officer

9/3/25
 DATE

Send completed applications to:
State Historic Preservation Office
Wisconsin Historical Society -- Rm 312
816 State St., Madison WI 53706



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WI250332

RECEIVED
AUG 18 2025

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

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

BY: AHI 118008

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 P# North Point
North HD
- ☐ 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. Bellevue Place

City Milwaukee State WI Zip 53211 Telephone 414-614-1903

Email address jholbus@gmail.com

- ☒ The building is owner-occupied
- ☐ The building is a rental/income-producing property

3. **Photographs** 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 Jerome W. Hoilbus

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.

STATE HISTORIC PRESERVATION OFFICE USE ONLY

WHS PROJECT NO. WI250331

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.

[Signature]
For the State Historic Preservation Officer

9/3/25
Date



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Homeowner's Historic Rehabilitation Tax Credit Application

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 Belleview Place
City Milwaukee County Milwaukee Zip 53211

2. **Owner's Name** Jerome Holbus
Street 2716 E Belleview Place
City Milwaukee State WI Zip 53211 Telephone 414-614-1903
Email address jholbus@gmail.com

3. **Owner's Certification**

Signature of Owner  **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 *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. By applying to this program, I consent to this application becoming a public record.

STATE HISTORIC PRESERVATION OFFICE USE ONLY

WHS PROJECT NO. WI250333

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 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 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

9/3/25
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 the purposes of this program.

For the State Historic Preservation Officer

Date



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.

Each application must have a total of eligible work costs between \$10,000 and \$40,000.

| Eligible Work | | Estimated Costs | Estimated Start Date mm/dd/yyyy | Completion Date mm/dd/yyyy | Photos included (check box) |
|---|---|-----------------|------------------------------------|-------------------------------|-------------------------------------|
| <input type="checkbox"/> Chimney | <input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Chimney Cap <input type="checkbox"/> Flue Liner | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Doors | <input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Front/Rear <input type="checkbox"/> Storm | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Rough Electrical | <input type="checkbox"/> Repair <input type="checkbox"/> Update <input type="checkbox"/> Panel/Wiring <input type="checkbox"/> Wall Repair | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Foundation | <input type="checkbox"/> Repair <input type="checkbox"/> Rebuild <input type="checkbox"/> Waterproofing <input type="checkbox"/> Interior Drain Tile/ Sump Pump | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Garage* | <input type="checkbox"/> Roof <input type="checkbox"/> Siding <input type="checkbox"/> Doors <input type="checkbox"/> Foundation | | | | <input type="checkbox"/> |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> Boiler <input type="checkbox"/> Furnace <input type="checkbox"/> AC/Mini Split <input type="checkbox"/> Ducts | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Masonry | <input type="checkbox"/> Repoint <input type="checkbox"/> Clean | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Painting | <input type="checkbox"/> House <input type="checkbox"/> Trim <input type="checkbox"/> Garage <input type="checkbox"/> Outbuilding | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Rough Plumbing | <input type="checkbox"/> Repair <input type="checkbox"/> Update <input type="checkbox"/> Wall Repair <input type="checkbox"/> Water heater | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Porch* | <input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Steps | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Roof | <input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Gutters <input type="checkbox"/> Downspouts | | | | <input type="checkbox"/> |
| | <input type="checkbox"/> Soffits <input type="checkbox"/> Facia | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Siding | <input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Remove artificial | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Structural | <input type="checkbox"/> Columns <input type="checkbox"/> Beams <input type="checkbox"/> Joists <input type="checkbox"/> Trusses | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Other Utilities | <input type="checkbox"/> Solar Panels <input type="checkbox"/> Geo-Thermal <input type="checkbox"/> Well/Septic | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Windows | <input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Storm Windows <input type="checkbox"/> Skylights | | | | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Other | Phase 1 of 4: East Wall Rebuild | \$40,000 | 09/15/2025 | 11/15/2025 | <input checked="" type="checkbox"/> |
| Total Estimated Cost | | \$40,000 | | | |



Homeowner's Historic Rehabilitation Tax Credit Application

Part 2 – Description of Proposed Work

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

4b. Ineligible Tax Credit Work

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) |
|--------------------------------------|--------------------------------------|--|-----------------------------------|-----------------|--------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> Addition | <input type="checkbox"/> New | <input type="checkbox"/> Electrical | <input type="checkbox"/> Plumbing | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Deck | <input type="checkbox"/> Addition | <input type="checkbox"/> Rebuilding | <input type="checkbox"/> Repair | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Driveway | <input type="checkbox"/> Repair | <input type="checkbox"/> New | | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> New Service | | | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Fireplace | <input type="checkbox"/> Insert | <input type="checkbox"/> Conversion & gas plumbing | | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Fixtures | <input type="checkbox"/> Lighting | <input type="checkbox"/> Plumbing | | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Floors | <input type="checkbox"/> Repair | <input type="checkbox"/> Refinish | <input type="checkbox"/> New | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Insulation | <input type="checkbox"/> Wall | <input type="checkbox"/> Attic | | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Interior | <input type="checkbox"/> Refinish | <input type="checkbox"/> Plaster Repair | <input type="checkbox"/> Painting | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Patio | <input type="checkbox"/> Fencing | | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> New Service | | | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Remodeling | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Bath | <input type="checkbox"/> Attic | | | | <input type="checkbox"/> |
| | <input type="checkbox"/> Basement | | | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Walls | <input type="checkbox"/> Opening | <input type="checkbox"/> Removal | <input type="checkbox"/> Adding | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Other | | | | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Other | | | | | | | <input type="checkbox"/> |
| Total Est Cost | | | | 0 | | | |

Send completed applications to:
State Historic Preservation Office
Wisconsin Historical Society -- Rm 312
816 State St., Madison WI 53706



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SOCIETY

RECEIVED
AUG 18 2025

BY:

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

1. **Property Address** Street 2716 E Bellevue 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 P+

☐ 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. Bellevue Place

City Milwaukee State WI Zip 53211 Telephone 414-614-1903

Email address jholbus@gmail.com

☒ The building is owner-occupied

☐ The building is a rental/income-producing property

3. **Photographs** 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 Jerome W. Hoilbus 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.

STATE HISTORIC PRESERVATION OFFICE USE ONLY

WHS PROJECT NO. WI150332

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 or 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.

[Signature]
For the State Historic Preservation Officer

9/3/25
Date



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RECEIVED
AUG 18 2025

BY: WI250334

Homeowner's Historic Rehabilitation Tax Credit Application

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
City Milwaukee County Milwaukee Zip 53211

2. **Owner's Name** Jerome Holbus
Street 2716 E Bellevue Place
City Milwaukee State WI Zip 53211 Telephone 414-614-1903
Email address jholbus@gmail.com

3. **Owner's Certification**

Signature of Owner Jerome H. Holbus 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 *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. By applying to this program, I consent to this application becoming a public record.

STATE HISTORIC PRESERVATION OFFICE USE ONLY WHS PROJECT NO. WI280332

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 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 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.

[Signature]
For the State Historic Preservation Officer

9/3/25
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 the purposes of this program.

For the State Historic Preservation Officer

Date



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.

Each application must have a total of eligible work costs between \$10,000 and \$40,000.

| Eligible Work | Estimated Costs | Estimated Start Date mm/dd/yyyy | Completion Date mm/dd/yyyy | Photos included (check box) |
|---|-----------------|------------------------------------|-------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> Chimney <input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replace <input checked="" type="checkbox"/> Chimney Cap <input type="checkbox"/> Flue Liner | included | 09/15/2024 | 11/15/2025 | <input type="checkbox"/> |
| <input type="checkbox"/> Doors <input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Front/Rear <input type="checkbox"/> Storm | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Rough Electrical <input type="checkbox"/> Repair <input type="checkbox"/> Update <input type="checkbox"/> Panel/Wiring <input type="checkbox"/> Wall Repair | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Foundation <input type="checkbox"/> Repair <input type="checkbox"/> Rebuild <input type="checkbox"/> Waterproofing <input type="checkbox"/> Interior Drain Tile/Sump Pump | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Garage* <input type="checkbox"/> Roof <input type="checkbox"/> Siding <input type="checkbox"/> Doors <input type="checkbox"/> Foundation | | | | <input type="checkbox"/> |
| <input type="checkbox"/> HVAC <input type="checkbox"/> Boiler <input type="checkbox"/> Furnace <input type="checkbox"/> AC/Mini Split <input type="checkbox"/> Ducts | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Masonry <input type="checkbox"/> Repoint <input type="checkbox"/> Clean | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Painting <input type="checkbox"/> House <input type="checkbox"/> Trim <input type="checkbox"/> Garage <input type="checkbox"/> Outbuilding | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Rough Plumbing <input type="checkbox"/> Repair <input type="checkbox"/> Update <input type="checkbox"/> Wall Repair <input type="checkbox"/> Water heater | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Porch* <input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Steps | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Roof <input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Gutters <input type="checkbox"/> Downspouts | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Soffits <input type="checkbox"/> Facia | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Siding <input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Remove artificial | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Structural <input type="checkbox"/> Columns <input type="checkbox"/> Beams <input type="checkbox"/> Joists <input type="checkbox"/> Trusses | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Other Utilities <input type="checkbox"/> Solar Panels <input type="checkbox"/> Geo-Thermal <input type="checkbox"/> Well/Septic | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Windows <input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Storm Windows <input type="checkbox"/> Skylights | | | | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Other Phase 2 of 4: East Wall Rebuild | \$40,000 | 09/15/2024 | 11/15/2025 | <input checked="" type="checkbox"/> |
| Total Estimated Cost | \$40,000 | | | |



Homeowner's Historic Rehabilitation Tax Credit Application

Part 2 – Description of Proposed Work

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

4b. Ineligible Tax Credit Work

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) |
|--------------------------------------|--------------------------------------|--|-----------------------------------|-----------------|--------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> Addition | <input type="checkbox"/> New | <input type="checkbox"/> Electrical | <input type="checkbox"/> Plumbing | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Deck | <input type="checkbox"/> Addition | <input type="checkbox"/> Rebuilding | <input type="checkbox"/> Repair | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Driveway | <input type="checkbox"/> Repair | <input type="checkbox"/> New | | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> New Service | | | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Fireplace | <input type="checkbox"/> Insert | <input type="checkbox"/> Conversion & gas plumbing | | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Fixtures | <input type="checkbox"/> Lighting | <input type="checkbox"/> Plumbing | | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Floors | <input type="checkbox"/> Repair | <input type="checkbox"/> Refinish | <input type="checkbox"/> New | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Insulation | <input type="checkbox"/> Wall | <input type="checkbox"/> Attic | | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Interior | <input type="checkbox"/> Refinish | <input type="checkbox"/> Plaster Repair | <input type="checkbox"/> Painting | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Patio | <input type="checkbox"/> Fencing | | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> New Service | | | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Remodeling | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Bath | <input type="checkbox"/> Attic | | | | <input type="checkbox"/> |
| | <input type="checkbox"/> Basement | | | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Walls | <input type="checkbox"/> Opening | <input type="checkbox"/> Removal | <input type="checkbox"/> Adding | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Other | | | | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Other | | | | | | | <input type="checkbox"/> |
| Total Est Cost | | | | 0 | | | |

Send completed applications to:
State Historic Preservation Office
Wisconsin Historical Society -- Rm 312
816 State St., Madison WI 53706



WISCONSIN
HISTORICAL
SOCIETY

RECEIVED
AUG 18 2025

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

1. **Property Address** Street 2716 E Bellevue 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 P+

☐ 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. Bellevue Place

City Milwaukee State WI Zip 53211 Telephone 414-614-1903

Email address jholbus@gmail.com

☒ The building is owner-occupied

☐ The building is a rental/income-producing property

3. **Photographs** 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 Jerome W. Hoilbus 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.

STATE HISTORIC PRESERVATION OFFICE USE ONLY

WHS PROJECT NO. WI 250333

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.

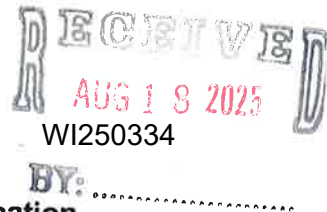
☐ NON-CERTIFICATION: the property is not listed in the State Register of Historic Places or National Register of Historic Places, is
not a contributing resource to a State Register or National Register historic district, and does not appear to meet the State or
National Register Criteria for Evaluation; therefore the property is not a historic property for purposes of the Homeowner's
Historic Rehabilitation Tax Credit.

[Signature]
For the State Historic Preservation Officer

9/3/25
Date



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HISTORICAL
SOCIETY



Homeowner's Historic Rehabilitation Tax Credit Application

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
City Milwaukee County Milwaukee Zip 53211

2. **Owner's Name** Jerome Holbus
Street 2716 E Belleview Place
City Milwaukee State WI Zip 53211 Telephone 414-614-1903
Email address jholbus@gmail.com

3. **Owner's Certification**

Signature of Owner Jerome H. Holbus **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 *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. By applying to this program, I consent to this application becoming a public record.

STATE HISTORIC PRESERVATION OFFICE USE ONLY WHS PROJECT NO. WI250333

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 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 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

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 the purposes of this program.

For the State Historic Preservation Officer

Date



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.

Each application must have a total of eligible work costs between \$10,000 and \$40,000.

| Eligible Work | | Estimated Costs | Estimated Start Date mm/dd/yyyy | Completion Date mm/dd/yyyy | Photos included (check box) |
|---|---|-----------------|------------------------------------|-------------------------------|-------------------------------------|
| <input type="checkbox"/> Chimney | <input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Chimney Cap <input type="checkbox"/> Flue Liner | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Doors | <input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Front/Rear <input type="checkbox"/> Storm | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Rough Electrical | <input type="checkbox"/> Repair <input type="checkbox"/> Update <input type="checkbox"/> Panel/Wiring <input type="checkbox"/> Wall Repair | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Foundation | <input type="checkbox"/> Repair <input type="checkbox"/> Rebuild <input type="checkbox"/> Waterproofing <input type="checkbox"/> Interior Drain Tile/ Sump Pump | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Garage* | <input type="checkbox"/> Roof <input type="checkbox"/> Siding <input type="checkbox"/> Doors <input type="checkbox"/> Foundation | | | | <input type="checkbox"/> |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> Boiler <input type="checkbox"/> Furnace <input type="checkbox"/> AC/Mini Split <input type="checkbox"/> Ducts | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Masonry | <input type="checkbox"/> Repoint <input type="checkbox"/> Clean | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Painting | <input type="checkbox"/> House <input type="checkbox"/> Trim <input type="checkbox"/> Garage <input type="checkbox"/> Outbuilding | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Rough Plumbing | <input type="checkbox"/> Repair <input type="checkbox"/> Update <input type="checkbox"/> Wall Repair <input type="checkbox"/> Water heater | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Porch* | <input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Steps | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Roof | <input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Gutters <input type="checkbox"/> Downspouts | | | | <input type="checkbox"/> |
| | <input type="checkbox"/> Soffits <input type="checkbox"/> Facia | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Siding | <input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Remove artificial | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Structural | <input type="checkbox"/> Columns <input type="checkbox"/> Beams <input type="checkbox"/> Joists <input type="checkbox"/> Trusses | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Other Utilities | <input type="checkbox"/> Solar Panels <input type="checkbox"/> Geo-Thermal <input type="checkbox"/> Well/Septic | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Windows | <input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Storm Windows <input type="checkbox"/> Skylights | | | | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Other | Phase 3 of 4: East Wall Rebuild | \$40,000 | 09/15/2025 | 11/15/2025 | <input checked="" type="checkbox"/> |
| Total Estimated Cost | | \$40,000 | | | |



Homeowner's Historic Rehabilitation Tax Credit Application

Part 2 – Description of Proposed Work

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

4b. Ineligible Tax Credit Work

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) |
|--------------------------------------|--------------------------------------|--|-----------------------------------|-----------------|--------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> Addition | <input type="checkbox"/> New | <input type="checkbox"/> Electrical | <input type="checkbox"/> Plumbing | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Deck | <input type="checkbox"/> Addition | <input type="checkbox"/> Rebuilding | <input type="checkbox"/> Repair | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Driveway | <input type="checkbox"/> Repair | <input type="checkbox"/> New | | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> New Service | | | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Fireplace | <input type="checkbox"/> Insert | <input type="checkbox"/> Conversion & gas plumbing | | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Fixtures | <input type="checkbox"/> Lighting | <input type="checkbox"/> Plumbing | | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Floors | <input type="checkbox"/> Repair | <input type="checkbox"/> Refinish | <input type="checkbox"/> New | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Insulation | <input type="checkbox"/> Wall | <input type="checkbox"/> Attic | | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Interior | <input type="checkbox"/> Refinish | <input type="checkbox"/> Plaster Repair | <input type="checkbox"/> Painting | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Patio | <input type="checkbox"/> Fencing | | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> New Service | | | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Remodeling | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Bath | <input type="checkbox"/> Attic | | | | <input type="checkbox"/> |
| | <input type="checkbox"/> Basement | | | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Walls | <input type="checkbox"/> Opening | <input type="checkbox"/> Removal | <input type="checkbox"/> Adding | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Other | | | | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Other | | | | | | | <input type="checkbox"/> |
| Total Est Cost | | | | 0 | | | |

Send completed applications to:
State Historic Preservation Office
Wisconsin Historical Society -- Rm 312
816 State St., Madison WI 53706



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

1. **Property Address** Street 2716 E Bellevue 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 P.

☐ 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. Bellevue Place

City Milwaukee State WI Zip 53211 Telephone 414-614-1903

Email address jholbus@gmail.com

☒ The building is owner-occupied

☐ The building is a rental/income-producing property

3. **Photographs** 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 Jerome W. Hoilbus

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.

STATE HISTORIC PRESERVATION OFFICE USE ONLY

WHS PROJECT NO. WI250334

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.

Talbot
For the State Historic Preservation Officer

9/3/25
Date



WISCONSIN
HISTORICAL
SOCIETY

RECEIVED
AUG 18 2025

BY: _____

Homeowner's Historic Rehabilitation Tax Credit Application

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
City Milwaukee County Milwaukee Zip 53211

2. **Owner's Name** Jerome Holbus
Street 2716 E Belleview Place
City Milwaukee State WI Zip 53211 Telephone 414-614-1903
Email address jholbus@gmail.com

3. **Owner's Certification**

Signature of Owner  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 *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. By applying to this program, I consent to this application becoming a public record.

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 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 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

9/3/25
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 the purposes of this program.

For the State Historic Preservation Officer

Date



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.

Each application must have a total of eligible work costs between \$10,000 and \$40,000.

| Eligible Work | Estimated Costs | Estimated Start Date mm/dd/yyyy | Completion Date mm/dd/yyyy | Photos included (check box) |
|--|-----------------|------------------------------------|-------------------------------|-------------------------------------|
| <input type="checkbox"/> Chimney <input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Chimney Cap <input type="checkbox"/> Flue Liner | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Doors <input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Front/Rear <input type="checkbox"/> Storm | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Rough Electrical <input type="checkbox"/> Repair <input type="checkbox"/> Update <input type="checkbox"/> Panel/Wiring <input type="checkbox"/> Wall Repair | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Foundation <input type="checkbox"/> Repair <input type="checkbox"/> Rebuild <input type="checkbox"/> Waterproofing <input type="checkbox"/> Interior Drain Tile/ Sump Pump | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Garage* <input type="checkbox"/> Roof <input type="checkbox"/> Siding <input type="checkbox"/> Doors <input type="checkbox"/> Foundation | | | | <input type="checkbox"/> |
| <input type="checkbox"/> HVAC <input type="checkbox"/> Boiler <input type="checkbox"/> Furnace <input type="checkbox"/> AC/Mini Split <input type="checkbox"/> Ducts | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Masonry <input type="checkbox"/> Repoint <input type="checkbox"/> Clean | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Painting <input type="checkbox"/> House <input type="checkbox"/> Trim <input type="checkbox"/> Garage <input type="checkbox"/> Outbuilding | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Rough Plumbing <input type="checkbox"/> Repair <input type="checkbox"/> Update <input type="checkbox"/> Wall Repair <input type="checkbox"/> Water heater | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Porch* <input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Steps | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Roof <input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Gutters <input type="checkbox"/> Downspouts | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Soffits <input type="checkbox"/> Facia | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Siding <input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Remove artificial | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Structural <input type="checkbox"/> Columns <input type="checkbox"/> Beams <input type="checkbox"/> Joists <input type="checkbox"/> Trusses | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Other Utilities <input type="checkbox"/> Solar Panels <input type="checkbox"/> Geo-Thermal <input type="checkbox"/> Well/Septic | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Windows <input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Storm Windows <input type="checkbox"/> Skylights | | | | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Other Phase 4 of 4: East Wall Rebuild | \$40,000 | 09/15/2025 | 11/15/2025 | <input checked="" type="checkbox"/> |
| Total Estimated Cost | \$40,000 | | | |



Homeowner's Historic Rehabilitation Tax Credit Application

Part 2 – Description of Proposed Work

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

4b. Ineligible Tax Credit Work

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

| Ineligible Work | Estimated Costs | Start Date mm/dd/yyyy | Completion Date mm/dd/yyyy | Photos included (check box) |
|---|-----------------|--------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> Addition <input type="checkbox"/> New <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Deck <input type="checkbox"/> Addition <input type="checkbox"/> Rebuilding <input type="checkbox"/> Repair | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Driveway <input type="checkbox"/> Repair <input type="checkbox"/> New | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Electrical <input type="checkbox"/> New Service | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Fireplace <input type="checkbox"/> Insert <input type="checkbox"/> Conversion & gas plumbing | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Fixtures <input type="checkbox"/> Lighting <input type="checkbox"/> Plumbing | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Floors <input type="checkbox"/> Repair <input type="checkbox"/> Refinish <input type="checkbox"/> New | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Insulation <input type="checkbox"/> Wall <input type="checkbox"/> Attic | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Interior <input type="checkbox"/> Refinish <input type="checkbox"/> Plaster Repair <input type="checkbox"/> Painting | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Landscaping <input type="checkbox"/> Patio <input type="checkbox"/> Fencing | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Plumbing <input type="checkbox"/> New Service | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Remodeling <input type="checkbox"/> Kitchen <input type="checkbox"/> Bath <input type="checkbox"/> Attic | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Basement | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Walls <input type="checkbox"/> Opening <input type="checkbox"/> Removal <input type="checkbox"/> Adding | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Other | | | | <input type="checkbox"/> |
| <input type="checkbox"/> Other | | | | <input type="checkbox"/> |
| Total Est Cost | | 0 | | |