



WISCONSIN
HISTORICAL
SOCIETY

HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION

PART 1 – EVALUATION OF SIGNIFICANCE

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

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

Located in a State Register or National Register historic district. COMPLETE THIS PAGE ONLY
NAME OF HISTORIC DISTRICT North Point Historic District

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

2. **OWNER'S NAME** Ann Jacobs
Street 2721 N. Lake Drive
City Milwaukee State WI ZIP 53211 Telephone (days) 414 / 736-5001
Email address ann@jacobsinjurylaw.com

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

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

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

SIGNATURE OF OWNER  DATE 3/9/22

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

STATE HISTORIC PRESERVATION OFFICE USE ONLY

WHS PROJECT NO. _____

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

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

For Daina Penkiunas, State Historic Preservation Officer

Date



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HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION
PART 1 – EVALUATION OF SIGNIFICANCE

Property Address _____

INSTRUCTIONS Complete this page of the form **ONLY** if you are applying for PRELIMINARY CERTIFICATION. Enclose photographs of all sides of the building's exterior, and interior spaces. Also include photographs of the site and any outbuildings (such as garages, barns, or other agricultural buildings). The photographs should clearly illustrate the appearance of the property and its significant features.

6. BUILDING DATA

Date of construction _____ Source of date _____

Dates (or approximate dates) and brief description of alterations _____

Has the building been moved? Yes No

If yes, when and from where? _____

7. DESCRIBE WHY THE PROPERTY IS IMPORTANT



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

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

2. **OWNER'S NAME** Ann Jacobs
Street 2721 N. Lake Drive
City Milwaukee State WI ZIP 53211 Telephone (days) 414 / 7365001
Email address Ann@JacobsInjuryLaw.com

3. **PROJECT CONTACT** Ann Jacobs
Email address Ann@JacobsInjuryLaw.com Telephone (days) 414 / 7365001

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

SIGNATURE OF OWNER  **DATE** 3/9/22

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

STATE HISTORIC PRESERVATION OFFICE USE ONLY

WHS PROJECT NO. _____

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

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

For Daina Penkiunas, State Historic Preservation Officer

Date

NON-CERTIFICATION

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

For Daina Penkiunas, State Historic Preservation Officer

Date



HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION

PART 2 – DESCRIPTION OF PROPOSED WORK

5a. TAX CREDIT-ELIGIBLE WORK

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

Eligible Work	Specific Type				Estimated Cost	Start Date	Completion Date
<input checked="" type="checkbox"/> Doors	<input type="checkbox"/> Repair	<input checked="" type="checkbox"/> Replace	<input checked="" type="checkbox"/> Front/Rear	<input type="checkbox"/> Garage	\$ 5,000.00	4/15/22	6/15/22
<input type="checkbox"/> Chimney	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace	<input type="checkbox"/> Chimney Cap	<input type="checkbox"/> Liner/Insert	\$		
<input type="checkbox"/> Electrical	<input type="checkbox"/> Repair	<input type="checkbox"/> Update	<input type="checkbox"/> New Service	<input type="checkbox"/> Wall Repair	\$		
<input type="checkbox"/> Foundation	<input type="checkbox"/> Repair	<input type="checkbox"/> Rebuild	<input type="checkbox"/> Waterproofing	<input type="checkbox"/> Drain Tile	\$		
<input type="checkbox"/> HVAC	<input type="checkbox"/> Boiler	<input type="checkbox"/> Furnace	<input type="checkbox"/> Water Heater	<input type="checkbox"/> AC	\$		
<input type="checkbox"/> Masonry	<input type="checkbox"/> 100%	<input type="checkbox"/> Partial			\$		
<input type="checkbox"/> Painting	<input type="checkbox"/> House	<input type="checkbox"/> Trim	<input type="checkbox"/> Garage	<input type="checkbox"/> Outbuilding	\$		
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Repair	<input type="checkbox"/> Update	<input type="checkbox"/> New Service	<input type="checkbox"/> Wall Repair	\$		
<input type="checkbox"/> Porch	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace	<input type="checkbox"/> New	<input type="checkbox"/> Steps	\$		
<input type="checkbox"/> Roof	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace	<input type="checkbox"/> Shingles	<input type="checkbox"/> Sheathing	\$		
	<input type="checkbox"/> Gutters	<input type="checkbox"/> Downspouts	<input type="checkbox"/> Soffits	<input type="checkbox"/> Facia	\$		
<input type="checkbox"/> Siding	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace	<input type="checkbox"/> Remove artificial		\$		
<input type="checkbox"/> Structural	<input type="checkbox"/> Columns	<input type="checkbox"/> Beams	<input type="checkbox"/> Joists	<input type="checkbox"/> Trusses	\$		
<input type="checkbox"/> Utilities	<input type="checkbox"/> Solar Panels	<input type="checkbox"/> Geo-thermal	<input type="checkbox"/> Well/Septic		\$		
<input type="checkbox"/> Windows	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace	<input type="checkbox"/> Storm Windows	<input type="checkbox"/> Skylights	\$		
<input type="checkbox"/> Other					\$		
<input type="checkbox"/> Other					\$		
TOTAL COST					\$ 5000.00		

5b. INELIGIBLE WORK

Below is a list of common ineligible work items. If you have a work item that is not on the list, please add it.

ALL WORK MUST BE REVIEWED REGARDLESS OF ELIGIBILITY. Include work completed within the last year.

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



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PART 2 – ADDITIONAL REQUIRED INFORMATION

6. PHOTOGRAPHS

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

7. ADDITIONAL PROJECT INFORMATION

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

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



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PART 2 – DESCRIPTION OF PROPOSED WORK

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

Project is replacing existing rear entry door. It is substantially deteriorated (and appears to actually be an interior door used for exterior purposes). We believe it to be from the extensive 1970's improvements made by previous owners. It does not fit the frame well and it needs to be replaced for energy related reasons (as well as structural and aesthetic).

The proposed replacement door was selected based upon its similarity to two existing doors that we believe are original to the house. We have provided photos of those doors. We did consider and evaluate using those original doors to replace the current door, but they are not in sufficiently good condition.

We were limited in our selection of a replacement door by the unusually narrow doorway opening (28"). This was the only option we located that mimicked the original in that small size.

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Madison, WI 53706



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REQUEST FOR FIVE YEAR PROJECT PHASING

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

1. PROPERTY ADDRESS

Street 2721 N Lake Drive

City Milwaukee County Milwaukee ZIP 53211

Work to be performed in **YEAR 1**

Calendar Year 2022

We expect the work to be done in 2022. However, given the unusual size of the door and the current supply chain issues, we are seeking additional time to complete the project.

Work to be performed in **YEAR 2**

Calendar Year 2023

We expect the work to be done in 2022. However, given the unusual size of the door and the current supply chain issues, we are seeking additional time to complete the project.

Work to be performed in **YEAR 3**

Calendar Year 2024

We expect the work to be done in 2022. However, given the unusual size of the door and the current supply chain issues, we are seeking additional time to complete the project.

Work to be performed in **YEAR 4**

Calendar Year _____

Work to be performed in **YEAR 5**

Calendar Year _____

OWNER'S CERTIFICATION

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

SIGNATURE OF OWNER

[Handwritten signature]

DATE:

3/9/22

STATE HISTORIC PRESERVATION OFFICE USE ONLY

I hereby approve the phasing plan for this project

WHS PROJECT NO. _____

For Daina Penkiunas, State Historic Preservation Officer

Date



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 Single Door Assembly and Installation Guide (4.52 MB)

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 2021 Warranty (272.20 kB)

 US_DOOR_WARRANTY_1 (141.45 kB)

 EXTERIOR_Wood_Unit_Size_Guide (88.88 kB)


 INTERIOR_Wood_Unit_Size_Guide (34.92 kB)

options to meet your requirements and get the adjusted price real time or add the door to Quote for more customization. This door is available in Single Door door systems and is made of Wood (Mahogany) species. This Craftsman door is an attractive complement for your house. The estimated ship lead time is Slab: 2-4 Weeks | Prehung : add 1 week | Finish : Add 2 weeks. We offer the lowest shipping rates, but you may also request to pick this door up from our store from the zip code 33634 once the order is ready. Enjoy a 1 year limited warranty from US Door & More Inc.

Availability: 3-6 Weeks | Prehung : add 1 week | Finish : Add 2 weeks

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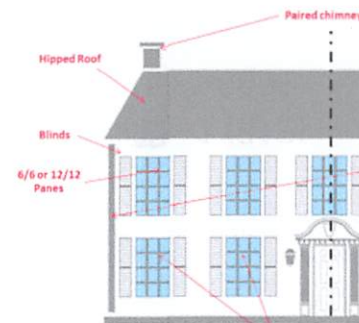
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