



CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.
Please print legibly.

1. HISTORIC NAME OF PROPERTY OR HISTORIC DISTRICT: (if known)

Sherman Park Neighborhood

ADDRESS OF PROPERTY:

2504 N. Grant Blvd

2. NAME AND ADDRESS OF OWNER:

Name(s): Eddie Boatman

Address: 2504 N. Grant Blvd

City: Milwaukee

State: WI

ZIP: 53210

Email: Eddie.boatman@yahoo.com

Telephone number (area code & number) Daytime: 414-305-9228

Evening: 414-305-9228

3. APPLICANT, AGENT OR CONTRACTOR: (if different from owner)

Name(s): Chimney Doctors (contractor)

Address: 16964 W Victor Rd

City: New Berlin

State: WI

ZIP Code: 53151

Email:

Telephone number (area code & number) Daytime:

Evening:

4. ATTACHMENTS: (Because projects can vary in size and scope, please call the HPC Office at 414-286-5712 for submittal requirements)

A. REQUIRED FOR MAJOR PROJECTS:

Photographs of affected areas & all sides of the building (annotated photos recommended)

Sketches and Elevation Drawings (1 full size and 1 reduced to 11" x 17" or 8 1/2" x 11")
A digital copy of the photos and drawings is also requested.

Material and Design Specifications (see next page)

B. NEW CONSTRUCTION ALSO REQUIRES:

Floor Plans (1 full size and 1 reduced to a maximum of 11" x 17")

Site Plan showing location of project and adjoining structures and fences

PLEASE NOTE: YOUR APPLICATION CANNOT BE PROCESSED UNLESS BOTH PAGES OF THIS FORM ARE PROPERLY COMPLETED AND SIGNED.

5. DESCRIPTION OF PROJECT:

Tell us what you want to do. Describe all proposed work including materials, design, and dimensions. Additional pages may be attached via email.

Dismantle and rebuild chimney forty-two (42) courses to include tuck pointing, concrete cap and appliance liner.

Please refer to attached Chimney Doctors Proposed Solution for more specific details.

6. SIGNATURE OF APPLICANT:

Signature

E-signed by Eddie Boatman

04-23-24

Please print or type name

Date

This form and all supporting documentation MUST arrive by 4:00 pm (11:59 pm via email) on the deadline date established to be considered at the next Historic Preservation Commission Meeting. Any information not provided to staff in advance of the meeting will not be considered by the Commission during their deliberation. Please call if you have any questions and staff will assist you.

Mail or Email Form to:

Historic Preservation Commission
City Clerk's Office
841 N. Broadway, Rm. B1
Milwaukee, WI 53202

PHONE: (414) 286-5712 or 286-5722

hpc@milwaukee.gov

www.milwaukee.gov/hpc

Or click the SUBMIT button to automatically email this form for submission.

SUBMIT

Eddie Boatman
2504 North Grant Blvd
Milwaukee WI, 53210
(414) 305-9288



Rooftop
Inspected

Chimney Doctors Proposed Solutions

4/17/2024

Contract Number: 24,045

Approximate start date: four weeks

Package A

- **SCAFFOLDING:**
Erect tower scaffolding and necessary roof top scaffolding to surround chimney at top. All scaffolding is to be erected per current OSHA standards. Roof and shrubbery to be properly protected.
- **REBUILD:**
Dismantle chimney forty-two (42) courses. Rebuild chimney to original height with bricks and type S (high strength) mortar. Bricks and mortar will be matched as closely as possible. During the chimney rebuilding process, the roof (shingles) will be completely protected.
- **TUCK-POINTING:**
Grind out deteriorated/cracked mortar joints, up to twenty (20) SQFT as needed below the roofline. Tuck-point using matching strength (type N) mortar with powdered water repellent (PWR™). PWR forms permanent water repellent, which protects the mortar and adds additional life expectancy to the tuck-pointing.
- **POURED CONCRETE CAP:**
Set five-inch (5") high forms with two-inch (2") overhangs on all four (4) sides. Pour concrete with steel and fiberglass structural support. This exceeds all current Local and Wisconsin Building Codes. Replace the top flue tile if needed. Flue tiles are bedded one on the other with a non-water-soluble refractory cement mixture. As the old concrete cap/crown is removed, an inspection of the internal chase will be performed. Our price assumes the interior chimney was constructed per code (airspace around flue tiles, brick wythe between all flue systems, etc.). In the event of any code violations, and additional work to be agreed upon, it will be submitted as a separate proposal prior to correcting said code violations.
- **APPLIANCE LINER (TYPE 294-C):**
Install a six-inch 6" stainless steel, lifetime warranty, Forever Flex, liner with direct connection to furnace and/or water heater exhaust. Includes all connections and fasteners.
 - Note: Our price assumes the interior chimney was constructed per Code (airspace around flue tiles, brick Wythe between all flue systems, etc.).
 - **Note: To uphold warranty, stainless steel liners must be inspected annually.**
 - Note: In many cases, all flue tiles must be removed by Chimney Doctors LLC, to allow proper drafting. *Additional fees may occur if an access hole is needed to remove flue tiles. This is determined at the time of work.

Package A: \$ 17,024.00

Discount: -\$1,702.40

Total: \$15,321.60

If you have any questions about your proposal, please call your technician, or the office at 262-784-8000.

Contract Signature Sheet

All material is guaranteed to be as specified. All work to be completed in a substantial workman like manner according to specifications submitted, per standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements are contingent upon strikes, accidents, weather, or delays beyond our control. The owner is to carry fire, tornado and other necessary insurance. Contractor's agreement covers defect in installation. Consequential damage from weather conditions from such items, including but not limited to, water leakage, rain, wind, hail, or ice is not covered under our agreement. Except as otherwise expressly provided in this agreement, no claim of any kind whatsoever, whether arising in contract, tort, negligence, breach of warranty, strict liability, or under any other legal theory, as to the products sold, delivered, or installation of sold products or work performed under this agreement shall be greater in amount than the purchase price paid under this agreement. **Our workers are fully covered by Workman's Compensation Insurance.**

CUSTOMER'S RIGHT TO CANCEL

You may cancel this agreement by mailing a written notice to: **Chimney Doctors LLC*16964 West victor Rd*New Berlin Wisconsin, 53151** before midnight of the third business day after you sign this agreement. If you wish, you may use this page as that notice by writing "I Hereby Cancel" and adding your name and address. The seller for your records provides a duplicate of this page. It is agreed that this 3-day cancellation right is waived for any additional work beyond the original contract where extra costs are involved. A 50% cancellation charge will apply to all orders cancelled after the 3 day period as provided above. In the event of a contract cancellation (after 3 business days), customer agrees to pay all out of pocket expenses to vendor associated due to the losses occurred due to the cancellation of this contract.


ACCEPTANCE OF CONTRACT

The above prices, specifications and conditions are satisfactory and are hereby accepted. Chimney Doctors is authorized to do the work as specified. Payment will be made as outlined above. All stated warranties are null and void if payment is not made as agreed. **You are further notified that persons or companies furnishing labor or materials for construction purposes may have lien rights on the land and buildings if not paid. Those entitled to lien rights in addition to ourselves are those who contracted directly with you or who gave notice within 60 days after they first furnished labor or materials for the construction, therefore, you may receive notices from those who furnish labor or materials, and you should give a copy of each notice received to your mortgage lender, if there is one. 18% APR interest charged on all accounts past due.**

(Note: This proposal may be withdrawn by Chimney Doctors if not accepted within 30 days.)

Authorized Signature *M. Boatman*

<p>Payment type (please select)</p> <p><input type="checkbox"/> Check (number _____)</p> <p><input type="checkbox"/> Credit Card (Please fill in card information)</p> <p><input type="checkbox"/> I will be financing through Wells Fargo. (Application must be received prior to work being started.)</p>	<p>If multiple options, please select by letter _____</p> <p>Total Due _____</p> <p>50% Down Payment _____ (Enclosed)</p> <p>Remaining Balance _____ (Due at completion of work)</p>
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_____ Date _____
 Eddie Boatman
 Contract Number: 24,045

Please sign and return with 50% down payment to Chimney Doctors. Approximate start time, as of the date on the proposal; four weeks. We will call one week before work is to begin to set a firm start date.