



WISCONSIN
HISTORICAL
SOCIETY

December 9, 2022

Dewey Caton & Patrick Schmidt
2635 N. Terrace Ave.
Milwaukee, WI 53211

Re: Historic Preservation Certification Application
Project Number WI220528-WI220531
Reviewed: **Conditionally Approved**

Dear Dewey Caton & Patrick Schmidt,

On 2022-12-06, the Division of Historic Preservation received a Historic Preservation Certification Application for your property at 2635 N. Terrace Ave. in Milwaukee. Enclosed is a copy of the signed Part 1 application indicating your house has been determined to be a historic property for purposes of this program.

We have reviewed the Part 2 application 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 is a copy of the signed Part 2 application. **This approval is at the state level only. Contact your local government to obtain the proper permits and to complete any additional historic preservation reviews and approvals for your project.** We have also reviewed and approved the five-year project phasing plan. Enclosed is a signed copy for your records.

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 in order to claim/retain tax credit.

1. 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.
2. Keep the pink form included with this letter (*Part 3: Request for Certification of Completed Work*). Fill it out with the *actual* costs of the eligible project work, and submit it with the photos of completed work. 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 Paul.Porter@wisconsinhistory.org.

Please take our 3 minute customer service survey. Your feedback is important.
<http://bit.ly/SHPOsurvey>.

Sincerely,

Paul Porter

Tax Credit Reviewer-Eastern District

Collecting, Preserving, and Sharing Stories since 1846

816 State Street Madison, Wisconsin 53706

wisconsinhistory.org



WISCONSIN
HISTORICAL
SOCIETY

ASSIGNED PROJECT CONDITIONS

Homeowner Copy

PROPERTY NAME: Henry Harnischfeger House
PROJECT NUMBER: WI220528-WI220531
2635 N. Terrace Ave.
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) Mortar joints in the chimney must replicate the appearance of the original joints, including the color, composition, hardness, width, and tooling. The mortar used must be sufficiently soft to prevent damage to the original masonry and should be equal to or softer than the historic in hardness. Unless lab testing reveals that the original mortar is unusually hard, the chimney should be pointed using mortar that is no harder than ASTM, Type N.
- 2) Modern foundation materials can be used as an appropriate substitute to ensure structural stability and meet modern building codes. If the foundation brick is determined to be compromised after the damaged plaster is removed, Modern materials such as CMU block can be used to support the structural loads. We recommend exterior (below grade) and interior waterproofing measures be taken for the foundation to prevent further deterioration of the cream city brick.
- 3) **For the decorative limestone features of the house:** 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 laboratory testing reveals that the original mortar is unusually hard, the building should be pointed using mortar that is no harder than **ASTM, Type O**, which consists of 1 part Portland cement, 2 parts hydrated lime and 9 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.
- 4) **For the brick features of the house:** 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.
- 5) Retaining the historic windows is essential to maintaining the historic appearance of the building. Sashes and frames must be repaired where possible. These can include wood epoxy for small areas

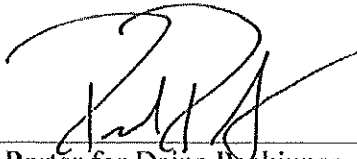
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of rot, or replacement of pieces of the sash or frame that are rotted through but are milled to match the original pieces. Stripping, priming, painting, glazing, restringing sash cords and replacing missing or damaged sash cord weights are eligible activities.

- 6) Installation of wooden combination storm windows is approved only if the new windows meet the following specifications. 1) They must match the overall design of the historic windows. Where divisions are required in the storm window, they should line up with major divisions in the historic primary windows, such as the meeting rail of the upper and lower sashes of a double-hung window. 2) They must conform exactly to the sizes and shapes of the original window openings without blocking them down. 3) The dimensions of the wood framing sections should be no wider than the historic windows so that the glass sizes match the historic primary windows.
- 7) New vent piping for the boilers must not be on the front elevation or be visible from the public right of way. If a side wall must be used, the vents should be screened with landscaping or some other means, or painted out to match the wall.
- 8) Existing paint must be removed from the house in a manner that does not cause damage, either physical or cosmetic, to the wood. Standard methods of removing existing exterior paint, such as scraping and sanding, are approved. Removal of paint using chemical cleaners or medium pressure water is also approved if you first test the paint removal method to ensure that no damage will ensue to the house's materials. Pressure should not exceed 1000 psi when pressure washing. Sandblasting, shaving, or other abrasive blasting techniques, either wet or dry, is prohibited.



Paul Porter for Dalma Penkiunas, State Historic Preservation Officer

12/9/02

DATE



WISCONSIN
HISTORICAL
SOCIETY

ASSIGNED PROJECT CONDITIONS

Contractor Copy

PROPERTY NAME: Henry Harnischfeger House
PROJECT NUMBER: WI220530
2635 N. Terrace Ave.
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) Mortar joints in the chimney must replicate the appearance of the original joints, including the color, composition, hardness, width, and tooling. The mortar used must be sufficiently soft to prevent damage to the original masonry and should be equal to or softer than the historic in hardness. Unless lab testing reveals that the original mortar is unusually hard, the chimney should be pointed using mortar that is no harder than ASTM, Type N.
- 2) Modern foundation materials can be used as an appropriate substitute to ensure structural stability and meet modern building codes. If the foundation brick is determined to be compromised after the damaged plaster is removed, Modern materials such as CMU block can be used to support the structural loads. We recommend exterior (below grade) and interior waterproofing measures be taken for the foundation to prevent further deterioration of the cream city brick.
- 3) **For the decorative limestone features of the house:** 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 laboratory testing reveals that the original mortar is unusually hard, the building should be pointed using mortar that is no harder than **ASTM, Type O**, which consists of 1 part Portland cement, 2 parts hydrated lime and 9 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.
- 4) **For the brick features of the house:** 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.
- 5) Retaining the historic windows is essential to maintaining the historic appearance of the building. Sashes and frames must be repaired where possible. These can include wood epoxy for small areas of rot, or replacement of pieces of the sash or frame that are rotted through but are milled to match

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the original pieces. Stripping, priming, painting, glazing, restringing sash cords and replacing missing or damaged sash cord weights are eligible activities.

- 6) Installation of wooden combination storm windows is approved only if the new windows meet the following specifications. 1) They must match the overall design of the historic windows. Where divisions are required in the storm window, they should line up with major divisions in the historic primary windows, such as the meeting rail of the upper and lower sashes of a double-hung window. 2) They must conform exactly to the sizes and shapes of the original window openings without blocking them down. 3) The dimensions of the wood framing sections should be no wider than the historic windows so that the glass sizes match the historic primary windows.
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Paul Porter for Daina Penkiunas, State Historic Preservation Officer

12/9/22

DATE



WISCONSIN HISTORICAL SOCIETY

Project B
DECEMBER
DEC 06 2022

HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION

PART 1 - EVALUATION OF SIGNIFICANCE

1. PROPERTY ADDRESS Street 2635 N. Terrace Avenue BY: AHI 118110
City Milwaukee County Milwaukee ZIP 53211

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

LISTING NAME Henry Harnischfeger House

Located in a State Register or National Register historic district. COMPLETE THIS PAGE ONLY

NAME OF HISTORIC DISTRICT North Point North Historic District

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

2. OWNER'S NAME Dewey Caton and Patrick Schmidt
Street 2635 N. Terrace Avenue

City Milwaukee State WI ZIP 53211 Telephone (days) 847, 226 4446

Email address deweyjcaton@gmail.com

3. PROJECT CONTACT Dewey Caton
Email address deweyjcaton@gmail.com Telephone (days) 847, 226 -4446

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 [Signature]

DATE 11/30/2022

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. WI220528

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.

[Signature]
For Daina Penkiunas, State Historic Preservation Officer

12/9/22
Date



WISCONSIN HISTORICAL SOCIETY

Project B

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

- 1. PROPERTY ADDRESS Street 2635 N. Terrace Avenue
City Milwaukee County Milwaukee ZIP 53211
2. OWNER'S NAME Dewey Caton and Patrick Schmidt
Street 2635 N. Terrace Avenue
City Milwaukee State WI ZIP 53211 Telephone (days) 847, 226-4446
Email address deweyjcaton@gmail.com
3. PROJECT CONTACT deweyjcaton
Email address deweyjcaton@gmail.com Telephone (days) 847, 226-4446

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 [Signature]

DATE 11/30/2022

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. WI220528

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.

[X] 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

12/9/22

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



WISCONSIN HISTORICAL SOCIETY

Project A
DEC 06 2022

HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION

PART 1 - EVALUATION OF SIGNIFICANCE

BY:

1. PROPERTY ADDRESS Street 2635 N Terrace Avenue
City Milwaukee COUNTY Milwaukee ZIP 53211

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

LISTING NAME Henry Harnischfeger House

Located in a State Register or National Register historic district. COMPLETE THIS PAGE ONLY

NAME OF HISTORIC DISTRICT North Point North Historic District

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

2. OWNER'S NAME Dewey Caton and Patrick Schmidt
Street 2635 N. Terrace Avenue
City Milwaukee State WI ZIP 53211 Telephone (days) 847 226-4446
Email address deweyjcaton@gmail.com

3. PROJECT CONTACT Dewey Caton
Email address deweyjcaton@gmail.com Telephone (days) 847 226-4446

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 Dewey Caton DATE 11/29/2022

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. WI 220530

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.

[Signature] 12/9/22

For Daina Penkiunas, State Historic Preservation Officer Date



WISCONSIN
HISTORICAL
SOCIETY

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

Project A

- PROPERTY ADDRESS** Street 2635 N. Terrace Avenue
 City Milwaukee County Milwaukee ZIP 53211
- OWNER'S NAME** Dewey Caton + Patrick Schmidt
 Street 2635 N. Terrace Avenue
 City Milwaukee State WI ZIP 53211 Telephone (days) 847, 226-4446
 Email address deweyjcaton@gmail.com
- PROJECT CONTACT** Dewey J. Caton
 Email address deweyjcaton@gmail.com Telephone (days) 847, 226-4446

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 Dewey Caton **DATE** 11/29/2022

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. <u>WI220830</u> |
| The State Historic Preservation Office has reviewed this application for the above name property and has determined that: | | |
| <input type="checkbox"/> | 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. | |
| <input checked="" type="checkbox"/> | 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. | |
| <u>[Signature]</u> | | <u>12/9/22</u> |
| For Daina Penkiunas, State Historic Preservation Officer | | Date |
| NON-CERTIFICATION | | |
| <input type="checkbox"/> | 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. | |
| <input type="checkbox"/> | 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

Project A

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 (estimated) |
|---|--|--|---|---|------------------|---------------------|-----------------------------|
| <input type="checkbox"/> Doors | <input type="checkbox"/> Repair | <input type="checkbox"/> Replace | <input type="checkbox"/> Front/Rear | <input type="checkbox"/> Garage | \$ | | |
| <input checked="" type="checkbox"/> Chimney | <input checked="" type="checkbox"/> Repair | <input type="checkbox"/> Replace | <input type="checkbox"/> Chimney Cap | <input type="checkbox"/> Liner/Insert | \$ 1500 | Spring 2023 | October 2023 est. |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Repair | <input type="checkbox"/> Update | <input type="checkbox"/> New Service | <input type="checkbox"/> Wall Repair | \$ | | |
| <input checked="" type="checkbox"/> Foundation | <input checked="" type="checkbox"/> Repair | <input checked="" type="checkbox"/> Rebuild | <input checked="" type="checkbox"/> Waterproofing | <input type="checkbox"/> Drain Tile | \$ 5500 | Spring 2023 | October 2023 est. |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> Boiler | <input type="checkbox"/> Furnace | <input type="checkbox"/> Water Heater | <input type="checkbox"/> AC | \$ | | |
| <input checked="" type="checkbox"/> Masonry | <input type="checkbox"/> 100% | <input checked="" type="checkbox"/> Partial / Repair + Maintenance | | | \$ 8000 | Summer 2023 | Summer 2024 |
| <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 checked="" type="checkbox"/> Porch / Stoop | <input checked="" type="checkbox"/> Repair | <input type="checkbox"/> Replace | <input type="checkbox"/> New | <input checked="" type="checkbox"/> Steps | \$ 1000 | Summer 2023 | Summer 2024 |
| <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 checked="" type="checkbox"/> Windows | <input checked="" type="checkbox"/> Repair | <input checked="" type="checkbox"/> Replace | <input checked="" type="checkbox"/> Storm Windows | <input type="checkbox"/> Skylights | \$ 24,000 | as soon as approved | Dec. 2022 |
| <input type="checkbox"/> Other | | | | | \$ | | (approx. Dec. 2022) |
| <input type="checkbox"/> Other | | | | | \$ | | |
| TOTAL COST | | | | | \$ 40,000 | | |

\$ 16,000

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 | | | | | \$ | | |



WISCONSIN HISTORICAL SOCIETY

Project A

1/2

RECEIVED DEC 06 2022

HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION

PART 1 - EVALUATION OF SIGNIFICANCE

BY:

1. PROPERTY ADDRESS Street 2635 N Terrace Avenue City Milwaukee County Milwaukee ZIP 53211

[X] Listed individually in the State Register or National Register. COMPLETE THIS PAGE ONLY

LISTING NAME Henry Harnischfeger House

[X] Located in a State Register or National Register historic district. COMPLETE THIS PAGE ONLY

NAME OF HISTORIC DISTRICT North Point North Historic District

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

2. OWNER'S NAME Dewey Caton and Patrick Schmidt Street 2635 N. Terrace Avenue City Milwaukee State WI ZIP 53211 Telephone (days) 847-226-4446 Email address deweyjcaton@gmail.com

3. PROJECT CONTACT Dewey Caton Email address deweyjcaton@gmail.com Telephone (days) 847-226-4446

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 [Signature] DATE 11/29/2022

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. WI 220531 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



HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION

PART 2 - DESCRIPTION OF PROPOSED WORK

Project A 1/2

1. PROPERTY ADDRESS Street 2635 N. Terrace Avenue City Milwaukee County Milwaukee ZIP 53211

2. OWNER'S NAME Dewey Caton + Patrick Schmidt Street 2635 N. Terrace Avenue City Milwaukee State WI ZIP 53211 Telephone (days) 847,226-4446 Email address deweyjcaton@gmail.com

3. PROJECT CONTACT Dewey J. Caton Email address deweyjcaton@gmail.com Telephone (days) 847,226-4446

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 [Signature] DATE 11/29/2022

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. WI 220531 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

Project A 1/2

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 (estimated) |
|---|--|--|---|---|----------------------|---------------------|-----------------------------|
| <input type="checkbox"/> Doors | <input type="checkbox"/> Repair | <input type="checkbox"/> Replace | <input type="checkbox"/> Front/Rear | <input type="checkbox"/> Garage | \$ | | |
| <input checked="" type="checkbox"/> Chimney | <input checked="" type="checkbox"/> Repair | <input type="checkbox"/> Replace | <input type="checkbox"/> Chimney Cap | <input type="checkbox"/> Liner/Insert | \$ 1500 | Spring 2023 | October 2023 est. |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Repair | <input type="checkbox"/> Update | <input type="checkbox"/> New Service | <input type="checkbox"/> Wall Repair | \$ | | |
| <input checked="" type="checkbox"/> Foundation | <input checked="" type="checkbox"/> Repair | <input checked="" type="checkbox"/> Rebuild | <input checked="" type="checkbox"/> Waterproofing | <input type="checkbox"/> Drain Tile | \$ 5500 | Spring 2023 | October 2023 est. |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> Boiler | <input type="checkbox"/> Furnace | <input type="checkbox"/> Water Heater | <input type="checkbox"/> AC | \$ | | |
| <input checked="" type="checkbox"/> Masonry | <input type="checkbox"/> 100% | <input checked="" type="checkbox"/> Partial Repair + Maintenance | | | \$ 8000 | Summer 2023 | Summer 2024 |
| <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 checked="" type="checkbox"/> Porch/Stoop | <input checked="" type="checkbox"/> Repair | <input type="checkbox"/> Replace | <input type="checkbox"/> New | <input checked="" type="checkbox"/> Steps | \$ 1000 | Summer 2023 | Summer 2024 |
| <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 checked="" type="checkbox"/> Windows | <input checked="" type="checkbox"/> Repair | <input checked="" type="checkbox"/> Replace | <input checked="" type="checkbox"/> Storm Windows | <input type="checkbox"/> Skylights | \$ 24,000 | AS SOON AS approved | Dec. 2023 |
| <input type="checkbox"/> Other | | | | | \$ | | (approx. Dec. 2023) |
| <input type="checkbox"/> Other | | | | | \$ | | |
| TOTAL COST | | | | | \$ 40,000 | | |

5b. INELIGIBLE WORK

\$24,000

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 | | | | | \$ | | |



WISCONSIN HISTORICAL SOCIETY

Project C

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

RECEIVED
DEC 06 2022

1. PROPERTY ADDRESS Street 2635 N. Terrace Avenue
City Milwaukee County Milwaukee ZIP 53211

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

LISTING NAME Henry Harnischfeger House

Located in a State Register or National Register historic district. COMPLETE THIS PAGE ONLY

NAME OF HISTORIC DISTRICT North Point North Historic District

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

2. OWNER'S NAME Dewey Cator and Patrick Schmidt

Street 2635 N. Terrace Avenue

City Milwaukee State WI ZIP 53211 Telephone (days) 847 / 226 4446

Email address deweyjator@gmail.com

3. PROJECT CONTACT Dewey Cator

Email address deweyjator@gmail.com Telephone (days) 847 / 226 - 4446

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 [Signature]

DATE 11/30/2022

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. WI 220529

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.

[Signature]
For Daina Penkiunas, State Historic Preservation Officer

12/9/22
Date



WISCONSIN
HISTORICAL
SOCIETY

Project C

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

- PROPERTY ADDRESS** Street 2635 N. Terrace Avenue
 City Milwaukee County Milwaukee ZIP 53211
- OWNER'S NAME** Dewey Caton and Patrick Schmidt
 Street 2635 N. Terrace Avenue
 City Milwaukee State WI ZIP 53211 Telephone (days) 847 1226-4446
 Email address deweyjcaton@gmail.com
- PROJECT CONTACT** Dewey J. Caton
 Email address deweyjcaton@gmail.com Telephone (days) 847 1226-4446

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 [Signature] DATE 11/30/2022

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. WI 220529

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.

[Signature]
 For Daina Penkiunas, State Historic Preservation Officer Date 12/9/22

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 _____



**WISCONSIN
HISTORICAL
SOCIETY**

Division of Historic Preservation - Public History

NOW THAT YOUR PROJECT HAS BEEN APPROVED . . .

- 1** What you need to know now:
 - ✓ Proceed with the approved work.
 - ✓ Satisfy all conditions placed on your project. Your project will be denied if you do not meet all conditions.
 - ✓ If you need to revise the project, write us a letter prior to beginning work for our review & approval.

- 2** What you need to know to claim your tax credit:
 - ✓ Tax credits can be claimed on an annual basis or after the project is complete as long as you complete step 3 below.
 - ✓ If you chose to claim tax credits as you go, attach a copy of the signed Part 2 application to Schedule HR.
 - ✓ Claim the tax credit by completing Schedule HR.

- 3** What you need to know to receive final approval:
 - ✓ You must receive final certification when the work is finished. Failure to do so may result in loss of the tax credits.
 - ✓ Submit the Request for Certification of Completed Work (pink form) along with photographs (all four sides).
 - ✓ Do not send receipts or invoices for completed work.
 - ✓ If the work was completed per the application and assigned conditions, we will return the Certification signed.

***In order to retain tax credits for any work, our office must review all work being done to the house for 5 years after the project is complete. This is designed to protect the state's investment in restoring and preserving a home. Submit a letter describing work to our office for review and approval.**

4 Who do I call if I have questions?

WISCONSIN TAX CREDIT DISTRICTS



Western District

Claire Bushemi
608-264-6490

claire.bushemi@wisconsinhistory.org

Eastern District

Paul Porter
608-264-6491

paul.porter@wisconsinhistory.org



**WISCONSIN
HISTORICAL
SOCIETY**

**HISTORIC HOMEOWNER'S INCOME TAX CREDIT
PART 3 - REQUEST FOR CERTIFICATION OF COMPLETED WORK**

1. **PROPERTY ADDRESS** Street _____
City _____ County _____ ZIP _____

2. **OWNER'S NAME** _____
Street _____
City _____ State _____ ZIP _____
Telephone (days) ____/____ Social Security Number _____

3. **FINAL REHABILITATION PROJECT**
Final cost of tax credit-eligible work \$ _____
Construction start date for tax credit-eligible work _____
Completion date for tax credit-eligible work _____

4. **COMPLETION PHOTOGRAPHS** Pictures must be in color, at least 4" x 6" and commercially printed.
 I have enclosed overall pictures of each side of the house.
 I have enclosed detail pictures of work completed.

5. **OWNER'S CERTIFICATION**
I hereby apply for certification of rehabilitation work for the above-named property for purposes of the Wisconsin Historic Rehabilitation Credit program. I hereby attest that the information given is true to the best of my knowledge. I also attest that I own the property described above and that it is my personal residence. I understand that falsification of factual representations in this application is subject to criminal sanctions.

SIGNATURE OF OWNER _____ **DATE** _____

RETURN THIS COMPLETED FORM 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. WI220529

The State Historical Society, Division of Historic Preservation has reviewed the "Request for Certification of Completed Work" for the above name property and hereby determines that:

- the completed rehabilitation meets the "Secretary of the Interior's Standards for Rehabilitation."
- the rehabilitation does not meet the "Secretary of the Interior's Standards for Rehabilitation" for reasons given in the attached materials.
- this project has been approved for a five-year phasing plan.

_____ **DATE** _____
for Daina Penkiunas, State Historic Preservation Officer



**WISCONSIN
HISTORICAL
SOCIETY**

**HISTORIC HOMEOWNER'S INCOME TAX CREDIT
PART 3 – REQUEST FOR CERTIFICATION OF COMPLETED WORK**

1. **PROPERTY ADDRESS** Street _____
City _____ County _____ ZIP _____

2. **OWNER'S NAME** _____
Street _____
City _____ State _____ ZIP _____
Telephone (days) ____ / _____ Social Security Number _____

3. **FINAL REHABILITATION PROJECT**
Final cost of tax credit-eligible work \$ _____
Construction start date for tax credit-eligible work _____
Completion date for tax credit-eligible work _____

4. **COMPLETION PHOTOGRAPHS** Pictures must be in color, at least 4" x 6" and commercially printed.
() I have enclosed overall pictures of each side of the house.
() I have enclosed detail pictures of work completed.

5. **OWNER'S CERTIFICATION**
I hereby apply for certification of rehabilitation work for the above-named property for purposes of the Wisconsin Historic Rehabilitation Credit program. I hereby attest that the information given is true to the best of my knowledge. I also attest that I own the property described above and that it is my personal residence. I understand that falsification of factual representations in this application is subject to criminal sanctions.

SIGNATURE OF OWNER _____ **DATE** _____

RETURN THIS COMPLETED FORM 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. <u>WL 220529</u> |
| The State Historical Society, Division of Historic Preservation has reviewed the "Request for Certification of Completed Work" for the above name property and hereby determines that: | |
| <input type="checkbox"/> | the completed rehabilitation meets the "Secretary of the Interior's Standards for Rehabilitation." |
| <input type="checkbox"/> | the rehabilitation does not meet the "Secretary of the Interior's Standards for Rehabilitation" for reasons given in the attached materials. |
| <input type="checkbox"/> | this project has been approved for a five-year phasing plan. |
| _____ | DATE _____ |
| for Daina Penkiunas, State Historic Preservation Officer | |



**WISCONSIN
HISTORICAL
SOCIETY**

**HISTORIC HOMEOWNER'S INCOME TAX CREDIT
PART 3 - REQUEST FOR CERTIFICATION OF COMPLETED WORK**

1. **PROPERTY ADDRESS** Street _____

City _____ County _____ ZIP _____

2. **OWNER'S NAME** _____

Street _____

City _____ State _____ ZIP _____

Telephone (days) ____ / ____ Social Security Number _____

3. **FINAL REHABILITATION PROJECT**

Final cost of tax credit-eligible work \$ _____

Construction start date for tax credit-eligible work _____

Completion date for tax credit-eligible work _____

4. **COMPLETION PHOTOGRAPHS** Pictures must be in color, at least 4" x 6" and commercially printed.

I have enclosed overall pictures of each side of the house.

I have enclosed detail pictures of work completed.

5. **OWNER'S CERTIFICATION**

I hereby apply for certification of rehabilitation work for the above-named property for purposes of the Wisconsin Historic Rehabilitation Credit program. I hereby attest that the information given is true to the best of my knowledge. I also attest that I own the property described above and that it is my personal residence. I understand that falsification of factual representations in this application is subject to criminal sanctions.

SIGNATURE OF OWNER _____ **DATE** _____

RETURN THIS COMPLETED FORM 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. WZ 220530

The State Historical Society, Division of Historic Preservation has reviewed the "Request for Certification of Completed Work" for the above name property and hereby determines that:

___ the completed rehabilitation meets the "Secretary of the Interior's Standards for Rehabilitation."

___ the rehabilitation does not meet the "Secretary of the Interior's Standards for Rehabilitation" for reasons given in the attached materials.

___ this project has been approved for a five-year phasing plan.

for Daina Penkiunas, State Historic Preservation Officer

DATE _____



**WISCONSIN
HISTORICAL
SOCIETY**

**HISTORIC HOMEOWNER'S INCOME TAX CREDIT
PART 3 – REQUEST FOR CERTIFICATION OF COMPLETED WORK**

1. **PROPERTY ADDRESS** Street _____
City _____ County _____ ZIP _____

2. **OWNER'S NAME** _____
Street _____
City _____ State _____ ZIP _____
Telephone (days) ____ / ____ Social Security Number _____

3. **FINAL REHABILITATION PROJECT**
Final cost of tax credit-eligible work \$ _____
Construction start date for tax credit-eligible work _____
Completion date for tax credit-eligible work _____

4. **COMPLETION PHOTOGRAPHS** Pictures must be in color, at least 4" x 6" and commercially printed.
 I have enclosed overall pictures of each side of the house.
 I have enclosed detail pictures of work completed.

5. **OWNER'S CERTIFICATION**
I hereby apply for certification of rehabilitation work for the above-named property for purposes of the Wisconsin Historic Rehabilitation Credit program. I hereby attest that the information given is true to the best of my knowledge. I also attest that I own the property described above and that it is my personal residence. I understand that falsification of factual representations in this application is subject to criminal sanctions.

SIGNATURE OF OWNER _____ **DATE** _____

RETURN THIS COMPLETED FORM 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. WL 220531

The State Historical Society, Division of Historic Preservation has reviewed the "Request for Certification of Completed Work" for the above name property and hereby determines that:

- the completed rehabilitation meets the "Secretary of the Interior's Standards for Rehabilitation."
- the rehabilitation does not meet the "Secretary of the Interior's Standards for Rehabilitation" for reasons given in the attached materials.
- this project has been approved for a five-year phasing plan.

_____ **DATE** _____
for Daina Penkiunas, State Historic Preservation Officer