

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: <a href="https://www.wisconsinhistory.org/preserve-your-building">www.wisconsinhistory.org/preserve-your-building</a>

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



## **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 Daina Penkiunas, State Historic Preservation Officer

DATE



### **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.
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- 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 Collecting, Preserving, and Sharing Stories since 1846

816 State Street Madison, Wisconsin 53706

- 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 Daina Penkiunas, State Historic Preservation Officer

DATE

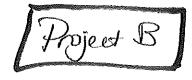




HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION PART 1-EVALUATION OF SIGNIFICANCE Street 2635 N. Terrace Werne

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1.	PROPERTY ADDRESS	city Milwauke			HHI 118110
	F		County		_ ZIP 532/1
	Listed individually in	the State Register or Natio	nal Register. COMPL	ETE THIS PAGE O	ONLY
		enry Harnischte			
	Located in a State I	Register or National Registe	historic district. CO	MPĻETE THIS PAG	GE ONLY
	NAME OF HISTORIC	DISTRICT North 7	birt North	Historic	District
	or mational register	<b>TIFICATION</b> Not listed in Start historic district - COMPLET	F ROTH PAGES		rated in a State Register
2.	OWNER'S NAME DEC	vey Catonand	Patrick Scho	nidt	
	Street 2635 A		ence		- Control of the Cont
	city Milwauke	e state W ZIP 5	3211_Telepho	one (days) <u>847</u>	1,226 4446
	Email address <u>Olcu</u>	ey j Caton a	gmail. c	<u>om</u>	
3.	PROJECT CONTACT	lewey Codon			
		ey)caten@ga			
4.	PHOTOGRAPHS Please	enclose photographs of the commercially printed and c	exterior of the buildi	ng to he rehabili	
5.	in the application may k	ON I hereby attest that the I he property described above subject to criminal sanction	e. I understand that t ons.	the falsification o	best of my knowledge, of factual representations
<b>Marketoni</b>	SIGNATURE OF OWNER SEND COMPLETED APPL	J-MUM		TE 11/30/2	-022
	SCIAN COIMLETEN WEST		c Preservation Office istorical Society – Roc		-
		816 State St	reet, Madison, WI 53	3706	
STA <sup>*</sup>	TE HISTORIC PRESERVATIO	N OFFICE USE ONLY	Wille	poorer ve 1.5	ナック とうく
The S	State Historic Preservation Offi	ce has reviewed this application a			1220528
	the instance induscowing 21	State Register of Historic Places or ncome Tax Credit.			
$\triangle$	<ul> <li>the property contributes to Historic Homeowner's Incor</li> </ul>	the above-named State Register o	r National Register histori	c district and is histo	ric property for purposes of the
	the property appears to me	et the State Register or National R e Historic Homeowner's Income Ta	egister Criteria for Evaluat	ion and, therefore is	determined to be historic
	NON-CERTIFICATION: the p	roperty is not listed in the State Re	gister of Historic Diagos or	r National Register o	f Historic Places, is not a
	contributing element to a 2.	tate Register historic district or Nat for Evaluation; therefore, the pro	ional Register historic dict	rict and door not as	manula
	Income Tax Credit.		,	/	/
bourn or to	/all			12/9	hr
For D	aina Penkiunas, State Historic	Preservation Officer		Date /	





## PART 2 – DESCRIPTION OF PROPOSED WORK

1.	PROPERTY ADDRESS	Street <u>263</u> 3	<u> 2 W.</u>	Terrace 1	avenue	
2. 3.	OWNER'S NAME Description of the Street 2635 N City Milwark Email address General PROJECT CONTACT OF THE STREET OF	City Milwa Ney Carton 1. Tercace Stately Ley Scator	ukee.  And  Aven  21 zip 5	County Y Patrick	Milwauker Schmidt	ZIP <u>53211</u> 347, 226-4941
	Email address dew	ley catoria	) gmi	ril, com Te	elephone (days	47,226-4446
4.	OWNER'S CERTIFICATION correct and that I own the in the application may be Completed Work within this project.  SIGNATURE OF OWNER	the property describe be subject to crimina a 30 days of the date	ol canation.	i understand tha	at the falsification e to submit the <i>Rei</i> face forfeiture of a	o the best of my knowledge, of factual representations equest for Certification of any tax credit claimed for
	SEND COMPLETED APPL	,	Wisconsin	oric Preservation Historical Societ Street, Madison,	ty - Room 312	
The St	<ul> <li>Certification of Completed W the property is historic property</li> </ul>	ice has reviewed this appoterty and the rehabilitatic perty and the rehabilitatic pination only. Final certifi Work has been approved. perty and the rehabilitatic pereliminary determinati Completed Work has bee	fication can be fication can be fi. ion will meet t	oed meets the "Secre De issued only after w I the "Secretary of the	perty and has determinetary of the Interior's S work has been complet	ined that: Standards for Rehabilitation." sted and a Request for for Rehabilitation" if the attached ork has been completed and a
NON-C	CERTIFICATION  THE OWNER MAY NOT CLAIM  project does not meet the "Se	M THE TAX CREDIT. The r	rehabilitation s Standards fo property has	i is not consistent w or Rehablitation" fo not been determine	Date ith the historic charac ir reasons given in the id to be historic prope	e citer of the property and that the eattached materials.  erty for purposes of this program.
or Dal	lna Penkiunas, State Historic P	reservation Officer			Date	3





	u.,	PART 1 – EVALUATION OF SIGNIFICANCE  BY:
1.	PROPERTY ADDRESS	Street dess / revuel covering
		city Milwaukee councy Milwaukee ZIP 53211
	Listed individually	in the State Register or National Register. COMPLETE THIS PAGE ONLY
	LISTING NAME	Enry Harnisch feger House
	Located in a State	Register or National Register historic district. COMPLETE THIS PAGE ONLY
	14-2-1	c district North Point North Historic District
		RTIFICATION Not listed in State Register or National Register or located in a State Register er historic district - COMPLETE BOTH PAGES
2.	OWNER'S NAME	Wey Couton and Patrick Schmidt
	Street 2635 /	V. Terraco Airenne
	city Milward	Kec State W/ZIP 53211 Telephone (days) 847,1226-4446
	Email address 0/e	wey i caton (a) grail, com
3.	PROJECT CONTACT	
	Email address do	wey caton agmail, wm relephone (days) 847, 226 - 4446
4.	PHOTOGRAPHS Pleas	e enclose photographs of the exterior of the building to be rehabilitated. Photos should be ", commercially printed and clearly show all sides of the building.
5.	correct and that I own	ION I hereby attest that the information I have provided is, to the best of my knowledge, the property described above. I understand that the falsification of factual representations be subject to criminal sanctions.  DATE 1/29/2027
	SEND COMPLETED API	PLICATIONS TO State Historic Preservation Office
		Wisconsin Historical Society – Room 312 816 State Street, Madison, WI 53706
	TE HISTORIC PRESERVATI	ON OFFICE USE ONLY WHS PROJECT NO. LST 270530  Iffice has reviewed this application and has determined that:
1116	the property is listed in th	ne State Register of Historic Places or National Register of Historic Places and is historic property for purposes of
X	the Historic Homeowner's the property contributes	s Income Tax Credit. to the above-named State Register or National Register historic district and is historic property for purposes of the
<b>g</b> lamana	Historic Homeowner's Inc	come Tax Credit.
		neet the State Register or National Register Criteria for Evaluation and, therefore is determined to be historic the Historic Homeowner's Income Tax Credit.
		e property is not listed in the State Register of Historic Places or National Register of Historic Places, is not a State Register historic district or National Register historic district, and does not appear to meet the State Register
	or National Begister Crite	ria for Evaluation; therefore, the property is not a historic property for purposes of the Historic Homeowner's
	Income/Fax Credit.	· 1./
	/anlly	2/9/2
For	Daina Penkiunas, State Histor	ric Preservation Officer Date ' '



PART 2 - DESCRIPTION OF PROPOSED WORK Project A

1.	PROPERTY ADDRESS Street 2635 N. Terrace avenue
	city Milwaukee county Milwaukee ZIP 53211 DWNER'S NAME DEWCY Caton + Patrick Schmidt
2.	OWNER'S NAME DOWCY Caton + Patrick Schmidt
	treet 2635 N. Terrare avenue
	Sity Milwaukee State W1 ZIP 53211 Telephone (days) 947, 226 - 4446
	mail address dewey caton (a) amail, Com
3.	PROJECT CONTACT Dewey J. Caton
	mail address deuly jeaton a 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
	His project. HIGNATURE OF OWNER & EWENTEAUNE COLON DATE 11/29/2022
	State Historic Preservation Office Wisconsin Historical Society – Room 312 816 State Street, Madison, WI 53706
STA	HISTORIC PRESERVATION OFFICE USE ONLY  WHS PROJECT NO. WITTO 5 30
The	Ite 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."
$\vee$	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 ponditions 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	na Penkiunas, State Historic Preservation Officer  Date
	ERTIFICATION
	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	na Penkiunas. State Historic Preservation Officer Date



## 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 (Const	wta
□Doors	□Repair	□Replace	□Front/Rear	□Garage	\$	00,0	Cute ( Cary)	•
<b>X</b> Chimney	Repair	□Replace	□Chimney Cap	□Liner/Insert	\$ 1500	Spring	October 282301	ŧ.
□ Electrical	□Repair	□Update	□New Service	□Wall Repair	\$			•
Foundation	<b>X</b> Repair	Rebuild	Waterproofing	□Drain Tile	\$5500	Spining 3	October 2023 Rat	L.
□HVAC	□Boiler	☐ Furnace	☐ Water Heater	□ AC	\$			
Masonry	□100%	Partial Rea	ir + Mainten	ance.	\$8000	Surnmer 2023	summer 2029	
☐Painting	□House	□Trim /	□Garage	□Outbuilding	\$			
□Plumbing	□Repair	ПUpdate	□New Service	□Wall Repair	\$			
Porch/Stock	Repair	□Replace	□New	Steps	\$1000	Summer 2023	34mmer 2024	
□Roof	□Repair	□Replace	□Shingles	□Sheathing	\$			
With the second	□Gutters	Downspouts	□Soffits	□Facia	\$			
□Siding	□Repair	□Replace	☐Remove artificial		\$			
□Structural	□Columns	□Beams	□Joists	□Trusses	\$			
□Utilities	□Solar Panels	☐Geo-thermal	□Well/Septic	· · · · · · · · · · · · · · · · · · ·	\$			
Windows	Repair	Replace	Storm Windows	□Skylights	524,000	as soor		-2c
□Other			<u> </u>		\$	11/ 11	1	
□Other		William Control of the Control of th	***************************************	akalandekarrilarad Pob delikiliki felebih kedelikarra relaarrib rebe aad arra arra arra arra arra arra arra	\$			
	TOTAL COST	76.Millio-44771100			\$40,000	)	***************************************	

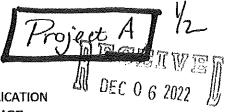
### **5b. INELIGIBLE WORK**

\$16,000

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 ELIGIBLITLY. Include work completed within the last year.

Ineligible Work	Specific Type	And the second s			Estimated Cost	Start Date	Completion Date
□Driveway	□Repair	□New			\$		
□Fixtures	CLighting	□Plumbing			\$		
□Insulation	□Wall	□Attic		A to the state of	\$		
□Interior	□Refinish	□Plaster Repair	□Paint		\$	***************************************	
□Landscaping	□Patio	□Fencing	□Sidewalks		\$		
□New	☐New Addition	1102250000-00-0-0-0-0-0-0-0-0-0-0-0-0-0-0-			\$		Maria Ma
□Remodeling	□Kitchen	□Bath	□Attic	□Basement	\$		
□Other		1		The second secon	\$		
□Other					\$		
□Other				2000-2000-2000-2000-2000-2000-2000-200	\$		
	TOTAL COST				\$		





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

	J		IAȚION OF SIGNIFICA	<b>~</b> ^1	BY:
1.	PROPERTY ADDRESS	Street 2635 /	V Terrace C	lvenue_	
		city Milwau	kee county Mil	wauhee	ZIP 53211
	Listed individually i		ional Register. COMPLETE	_	
	LISTING NAME	ency Harnisch	teger House	٠	TO THE COURT OF TH
	Located in a State	Register or National Regist	er historic district. COMPI	LETE THIS PAGE	ONLY
	NAME OF HISTORIC	: DISTRICT North Po	int North His	trric D	istrict
		r historic district - COMPL		_	
2.	OWNER'S NAME DU	vey Coton a	nd Patrick &	sehmidt	
	Street 2635 A	1. Terraco a	wenue		
	city Milwauk	(PCState_W/_ZIP_	53211 Telephone	e (days)847/	226-4446
	Email address <u>Olea</u>	@s 1	as grail, C	· •	
3,	PROJECT CONTACT	Devey Caton			
	Email address de	ver icatora	amail. wm Telephone	e (days) 54 /	1226-4446
4.			he exterior of the building d clearly show all sides of t	-	ated. Photos should be
5.	correct and that I own	the property described ab be subject to criminal san	$\cap$	e falsification of	
-	SEND COMPLETED APP	LICATIONS TO ( State His	oric Preservation Office	242	
			n Historical Society – Room Street, Madison, WI 537		
STA	ATE HISTORIC PRESERVATIO			ROJECT NO. W	1220531
The		fice has reviewed this application			
	the Historic Homeowner's	Income Tax Credit.	_		
	the property contributes to Historic Homeowner's Inco	-	er or National Register historic d	district and is histor	ric property for purposes of the
_		eet the State Register or Nation ne Historic Homeowner's Incom	al Register Criteria for Evaluation e Tax Credit.	n and, therefore is	determined to be historic
	NON-CERTIFICATION: the contributing element to a S	property is not listed in the Stat State Register historic district or	e Register of Historic Places or N	ct, and does not ap	pear to meet the State Register
For	Daina Penkiunas, State Historio	c Preservation Officer	Stand Challed Standard And Challed Standard Challed Challed Standard Challed Standard Challed Standard Chall	Date	



PART 2 – DESCRIPTION OF PROPOSED WORK Street 2635 N. Terrace 1. **PROPERTY ADDRESS** County / 2. Telephone (days) 3. PROJECT CONTACT <u>√ C077)</u> Telephone (days) Email address **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 SEND COMPLETED APPLICATIONS TO State Historic Preservation Office Wisconsin Historical Society - Room 312 816 State Street, Madison, WI 53706 WHS PROJECT NO. WI 22057 STATE HISTORIC PRESERVATION OFFICE USE ONLY 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.

Date

For Daina Penkiunas, State Historic Preservation Officer



## 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 (Cofrict
□Doors	□Repair	□Replace	□Front/Rear	□Garage	\$	Date	Date ( CZ)AII
Chimney	Repair	☐Replace	☐Chimney Cap	□Liner/Insert	\$1500	Spring 2023	00tober 20230
□Electrical	□Repair	□Update	□New Service	□Wall Repair	\$\		202740
Foundation	XRepair	Rebuild	Waterproofing	□Drain Tile	\$5300	Spining 3	October 2013
□HVAC	□Boiler	☐ Furnace	☐ Water Heater	□ AC	\$ \	- For	
Masonry	□100%	Partial Repo	in + Mainten	ance.	\$8000	Summer 2023	summer 2029
□Painting	□House	□Trim	□Garage	□Outbuilding	\$ /	1	
□Plumbing	□Repair	□Update	DNew Service	□Wall Repair	\$/		
ZIPorch/Stoop	Repair	□Replace	□New	Steps	\$1000	Summer 2023	2024
□Roof	□Repair	DReplace	□Shingles	□Sheathing	\$	1	
	□Gutters	Downspouts	□Soffits	□Facia	\$		
□Siding	□Repair	□Replace	☐Remove artificial		\$		
□Structural	□Columns □	□Beams	□Joists	□Trusses	\$		
□Utilities	☐Solar Panels	☐Geo-thermal	□Well/Septic		\$		
Windows	Repair	Replace	Storm Windows	□Skylights	624,000	as 3001	red/Der.
□Other					\$	Laporox.	Dec. 2027)
□Other					\$		
	TOTAL COST				\$240.000	<b>_</b>	

### 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 ELIGIBLITLY. Include work completed within the last year.

Ineligible Work	Specific Type				Estimated Cost	Start Date	Completion Date
□Driveway	□Repair	□New			\$		
□Fixtures	□Lighting	□Plumbing			\$		, various discountries
□Insulation	□Wall	□Attic			\$		WALLE AURENTHISTER
□Interior	□Refinish	□Plaster Repair	□Paint		\$		
□Landscaping	□Patio	□Fencing	□Sidewalks		\$	ettimeen erimeen erimeen erimein eine kannan	
□New	☐New Addition				\$		A777444 CD/12-1777 D-54444 K-(1774-111
□Remodeling	□Kitchen	□Bath	□Attic	□Basement	\$		
□Other			Manney	William Willia	\$		
□Other					\$		
□Other					\$	****	
The state of the s	TOTAL COST	A TO THE STATE OF	the state of the s	<u>.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	\$		



Date

HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION IN TRACTION OF SIGNIFICANCE

		The state of side of s
1.	PROPERTY ADDRESS Str	et 2635 N. Terrace avenue 1 950 0 6 2002
	Cit	Milwauker County Milwauker 17 219, 53211
	Listed individually in the	State Register or National Register. COMPLETE THIS PAGE ONLY
	LISTING NAME HEN	y Harnischteger House
	Located in a State Regis	er or National Register historic district. COMPLETE THIS PAGE ONLY
	NAME OF HISTORIC DIS	RICT North Point North Historic District
	or National Register his	TION Not listed in State Register or National Register or located in a State Register oric district - COMPLETE BOTH PAGES
2.	OWNER'S NAME Dewe	y Cation and Patrick Schmidd
	Street 2635 N.	Terrace avenue
	City Milwouker	State W/ ZIP 52211 Telephone (days) 847 1226 4446
	Email address <u>dewer</u>	jeatona gmail.com
3.	PROJECT CONTACT Dewe	
	Email address <u>dewey</u> j	Cator a gmail. com Telephone (days) 547 1226-4446
4.	PHOTOGRAPHS Please enc in color, at least 4" x 6", con	se photographs of the exterior of the building to be rehabilitated. Photos should be mercially printed and clearly show all sides of the building.
5.	OWNER'S CERTIFICATION Is correct and that I own the pin the application may be su	nereby attest that the information I have provided is, to the best of my knowledge, operty described above. I understand that the falsification of factual representations bject to criminal sanctions.
B-Costa-Harman	SIGNATURE OF OWNER	bergg (2022)
	SEND COMPLETED APPLICAT	
		Wisconsin Historical Society – Room 312 816 State Street, Madison, WI 53706
	ATE HISTORIC PRESERVATION OF	
	_ the property is listed in the State	reviewed this application and has determined that: Register of Historic Places or National Register of Historic Places and is historic property for purposes of
<u>×</u>		ove-named State Register or National Register historic district and is historic property for purposes of the
	Historic Homeowner's Income Ta the property appears to meet th	Credit. State Register or National Register Criteria for Evaluation and, therefore is determined to be historic
	property for purposes of the His	ric Homeowner's Income Tax Credit. y is not listed in the State Register of Historic Places or National Register of Historic Places, is not a
	contributing element to a State I	rigister historic district or National Register historic district, and does not appear to meet the State Register aluation; therefore, the property is not a historic property for purposes of the Historic Homeowner's
		plala

For Daina Penkiunas, State Historic Preservation Officer





## PART 2 – DESCRIPTION OF PROPOSED WORK

1.	PROPERTY ADDRESS	Street 2635 City Milwau	N. Tem	ace Au	enue		
		City Milwan	kre	County	milwanker	Ł ZIP 53	1211
2.	OWNER'S NAME DE	Wey Caton	and Pal	riek S	Smidt		ermannen er
	Street 2635 N.	Terrace a	Venue				
	city Willmaker	State W		<i>11</i>	_Telephone (days	547 122	6-4446
	Email address_dewe	y) caton@	amail.	Com			
3.	PROJECT CONTACT						
	Email address dewer	j caton@	gmail.co	m	_Telephone (days)	847,22	6-4446
4.	OWNER'S CERTIFICATION correct and that I own to in the application may be Completed Work within	the property descril be subject to crimin	bed above. 1 unal sanctions.	inderstand I further ag	ree to submit the	on of factual Request for C	representations ertification of
	this project.  SIGNATURE OF OWNER	to Several las	<b>N</b>		D	DATE 11/30	12022
	SEND COMPLETED APP	LICATIONS TO		istorical So	ion Office ciety – Room 312 on, WI 53706	ŗ	
STA	TE HISTORIC PRESERVATIO	N OFFICE USE ONLY			WHS PROJEC	τ NO. W1	220529
	State Historic Preservation Of the property is historic pro This is a preliminary detern Certification of Completed	fice has reviewed this a perty and the rehabilita mination only. Final cer	pplication for the ation as described tification can be in	f meets the "	property and has dete Secretary of the Interio	ermined that: or's Standards fo	or Rehabilitation."
X	the property is historic pro conditions are met. This is Request for Certification o	perty and the rehabilita a preliminary determin	ation will meet th nation only. Final			er work has bee	n completed and a
For	Daina renkiunas, State Nistori	c Preservation Officer				/2/9/ Date	22
	N-CERTIFICATION  THE OWNER MAY NOT CLA  project does not meet the  THE OWNER MAY NOT CLA	AIM THE TAX CREDIT. TI "Secretary of the Interi	ior's Standards fo	r Rehabilitation	on" for reasons given i	haracter of the p	naterials.
For	Daina Penklunas, State Histor	ic Preservation Officer			<u></u>	Date	



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?





1.	PROPERTY ADDRESS	Street			
				ZIP	1
2.	OWNER'S NAME				
	i i i i i i i i i i i i i i i i i i i	Street			
		City	State	ZIP	• •
		Telephone (days)	/Social {	Security Number	
3.	FINAL REHABILITATI				
	Final cost of tax credit-eligib		\$		•
	Construction start date for t	tax credit-eligible w	vork		
	Completion date for tax cre-				
5.	own the property described this application is subject to SIGNATURE OF OWNE	ITON ion of rehabilitation um. I hereby attest i above and that it is criminal sanctions.	n work for the above-named pro that the information given is to s my personal residence. I unde	operty for purposes of the Wisconsin Historic ue to the best of my knowledge. I also attest that I erstand that falsification of factual representations	Īn
#0™30kamas	RETURN THIS COMPLE	TED FORM TO	STATE HISTORIC PRESI WISCONSIN HISTORICA 816 STATE STREET MADISON, WI 53706		
δΤΑ	TE HISTORIC PRESERV	ATION OFFICE	3 USE ONLY	WHS PROJECT NO. WLZZO5Z8	•
The S bove	State Historical Society, Divis e name property and hereby c	ion of Historic Predetermines that:	servation has reviewed the "Re	equest for Certification of Completed Work" for th	e
	the completed rehabilitation	a meets the "Secret	tary of the Interior's Standards	for Rehabilitation."	
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1.	PROPERTY ADDRESS	Street		
		City	County	ZIP
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	the rehabilitation does not a materials.	meet the "Secretary o	of the Interior's Standards for l	Rehabilitation" for reasons given in the attached
	this project has been appro-	ved for a five-year pl	hasing plan.	
-				DATE
r D	aina Penkiunas, State Histori	ic Preservation Offic	cer	A CONTRACTOR OF THE PROPERTY O



1.	PROPERTY ADDRESS	Street					
		City	County	ZIP			
2.	OWNER'S NAME						
		Street					
		City	State	ZIP			
		Telephone (day	ys)/Social Se	curity Number			
3.	FINAL REHABILITATION PROJECT						
	Final cost of tax credit-eligit	ole work	\$				
	Construction start date for t	ax credit-eligible	work				
	Completion date for tax cre						
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.	renabilitation Credit progra	on of rehabilitati m. I hereby atte above and that i	ist that the information given is true t is my personal residence. I under	erty for purposes of the Wisconsin Historic to the best of my knowledge. I also attest that tand that falsification of factual representations			
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r D	aina Penkiunas, State Histori	c Preservation C	Officer				



	PROPERTY ADDRESS	oneet			
			County	ZIP	
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		Street			
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5.	own the property described this application is subject to	on of rehabilitation m. I hereby attest the above and that it is criminal sanctions.	work for the above-named prope that the information given is true t my personal residence. I underst	to the best of my becoming	a Tales excess of a 7
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	RETURN THIS COMPLET	TED FORM TO	STATE HISTORIC PRESERV WISCONSIN HISTORICAL S	VATION OFFICE SOCIETY – ROOM 312	
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