



HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION

PART 1 – EVALUATION OF SIGNIFICANCE						
1.	PROPERTY ADDRESS Street 2617 NWAHL AVE					
	City MIC WACKER County MILIVAUKERIP 53211					
ø	Listed individually in the State Register or National Register COMPLETE THIS PAGE ONLY					
	LISTING NAME Catherine and Dr. James A. Pach Howsie					
	Located in a State Register or National Register historic district. COMPLETE THIS PAGE ONLY #303					
	NAME OF HISTORIC DISTRICT NORTH POINT NORTH					
	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 GREGORY and Joan Gnadt					
	Street 3617 N. WAHL AVE					
	City MILWAVICEE State W/ ZIP 532/1 Telephone (days) 4/4/852-5977					
	Email address 9 nadta wi.rr.com					
3.	PROJECT CONTACT JOAN GNATIT					
	Email address Same Telephone (days) 414 852-5977					
1.	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.					
).	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 Gray I Gray I Gray I DATE 817/2018					
	SEND COMPLETED APPLICATIONS TO State Historic Preservation Office					
	Wisconsin Historical Society – Room 312 816 State Street, Madison, WI 53706					
	555 511 55 51 551 551 551 551 551 551 5					
TAT	TE HISTORIC PRESERVATION OFFICE USE ONLY WHS PROJECT NO. WI 18 0260					
— ;c	tate 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 distoric 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					
	ANI SIL					
r Sige	Draeger, State Historic Preservation Officer Date					



HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION

PART 2 – DESCRIPTION OF PROPOSED WORK

1.	PROPERTY ADDRESS Street 2617 N' WAHL AVE					
٠.	City MILINAUKEE County MILWAUKEEP 53211					
2.	OWNER'S NAME GREGERY and JOAN GNADT					
2.	Street 2617 NWAHLAVE					
	City MILWAVICEE State WI ZIP 53211 Telephone (days) 41/1332-1571					
	Email address 19 N9 d+ @ Wi. rr. Com 4/4/852-5977					
3.	PROJECT CONTACT JO AN GNADT					
•	Email address Same Telephone (days) 4141 852 - 5977					
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 OF OWNER					
	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 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.						
	M/M = 10.9807 2018					
For Diseaser, 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 Ji	im Draeger, State Historic Preservation Officer Date					



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HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION

PART 2 – DESCRIPTION OF PROPOSED WORK

5a. TAX CREDIT-ELIGIBLE WORK

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

Eligible Work	Specific Type				Estimated Cost	Start Date	Completion Date
□Doors	□Repair	□Replace	□Front/Rear	□Garage	\$	- Dute	Date
□Chimney	□Repair	□Replace	□Chimney Cap	□Liner/Insert	\$		
□Electrical	□Repair	□Update	□New Service	□Wall Repair	\$	 	
□Foundation	□Repair	□Rebuild	□Waterproofing	□Drain Tile	\$		
□HVAC	□Boiler	☐ Furnace	☐ Water Heater	□AC	\$		
□Masonry	□100%	□Partial			\$		
□Painting	□House	□Trim	□Garage	□Outbuilding	\$		
□Plumbing	□Repair	□Update	□New Service	□Wall Repair	\$		
□Porch	□Repair	□Replace	□New	□Steps	\$,
⊠Roof	ÆRepair	Replace	∠ Shingles	□Sheathing	\$12,000	9/17/18	10/1/25
	√☐Gutters	Downspouts	□Soffits	□Facia	\$20,300	911-110	10/1/20
□Siding	□Repair	□Replace	☐Remove artificial		\$	41-1/10	10/1/00
□Structural	□Columns	□Beams	□Joists	□Trusses	\$		
□Utilities	□Solar Panels	□Geo-thermal	□Well/Septic		\$		
□Windows	□Repair	□Replace	□Storm Windows	□Skylights	\$		
□Other					\$		
□Other					\$		
	TOTAL COST				\$32 300	<u>.</u>	

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	neligible Work Specific Type					Start Date	Completion
□Driveway	□Repair	□New]	Cost \$	Date	Date
□Fixtures	□Lighting	□Plumbing	 		\$		
□Insulation	□Wall	□Attic		1	\$		
□Interior	□Refinish	□Plaster Repair	□Paint		\$		
□Landscaping	□Patio	□Fencing	□Sidewalks		\$		
□New	☐New Addition				\$		
□Remodeling	□Kitchen	□Bath	□Attic	□Basement	\$		
□Other		t	<u> </u>		\$		
□Other □			\$	<u> </u>			
□Other		***************************************			\$	1	
	TOTAL COST				\$		<u> </u>



HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION

PART 2 – DESCRIPTION OF PROPOSED WORK

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

Front gutter replacement

Remove two bottom rows of slate above the damaged gutter and set aside for re-install Replace any broken slate with similar slate.

Remove exising gutter and bottom 2' of existing valley.

Inspect and replace any structural-framing damage, and soffet damage detected.

Install new 20 oz. copper gutter to match original. Seams to be soldered with 50/50 solder.

Install new 20. oz copper valley under existing valley.

Install a layer of Grace Ice and Water shield over gutter flange, and up under existing known good felt.

Install a 3/32 copper bus bar hanger every 2' on center. Hangers to be secured with S.S. modified truss screws.

Install a layer of 43 lb. organic base sheet over Ice & Water shield to complete roof being watertight.

Existing slate will be re-installed to match original.

Back Porch Copper Deck and Railings

Existing roofing on the back porch will be torn off down to the roof deck.

Any damage to structural-framing, wood replacement and soffit work necessary will be completed.

Install 5 new 4x4's through roof deck and secure to structural members to accommodate new Azek post sleeves.

Install a layer of Grace Ice & Water shield on the entire roof deck.

Install newly fabricated 20 oz. copper deck sheets. Seams to be soldered with 50/50 solder.

Install new 16 oz. copper counter flashing to back wall.

Flash 4x4 posts a minimum of 4" above roof deck with 16 oz. copper boots.

Install 5 new Azek post sleeves, white in color.

Install new railing system to meet all code requirements.

Back Porch Gutters

Remove and replace two rows of slate above the gutter to allow access to the work area. Remove existing copper gutter.

Repair any structural damage detected.

Install a newly fabricated 20 oz. custom copper gutter. Seams ti be sikdered wutg 50/50 solder.

Install a strip of Grace Ice & Water shield over gutter flange and up under known good felt.

Install new 3/32 copper bus bar hangers every 2' on center, secure hangers with S.S. modified truss screws.

Install a layer of 43 lb. felt over the ice and water shield to complete the watertight process.

Replace existing slate to match original installation.

SEND COMPLETED APPLICATIONS TO

State Historic Preservation Office Wisconsin Historical Society - Room 312 816 State Street Madison, WI 53706

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HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION

REQUEST FOR FIVE YEAR PROJECT PHASING

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

1. PROPERTY ADDRESS	
Street 3617 N WAHL AVE City MILW AVEE County MILW	AVKER 53211
Work to be performed in YEAR 1	
Calendar Year <u>2018</u>	
Repair Front gutter>	
Repair front gutters Repair back go Hers	
Work to be performed in YEAR 2	
Calendar Year <u>2019</u>	
Repair back noof	
Work to be performed in YEAR 3	
Calendar Year 2020	11
Repair Front porch drainag	egutters
Work to be performed in YEAR 4	
Calendar Year	
Mode has be a suffermed to MPAR P	
Work to be performed in YEAR 5	
Calendar Year	
OWNER'S CERTIFICATION	
hereby apply for five-year phasing for the above-stated project.	
	, / ~
SIGNATURE OF OWNER JOAN J. Brodom	DATE: <u>8//7//8</u>
STATE HISTORIC PRESERVATION OFFICE USE ONLY	WHS PROJECT NO. WILL 18 0260
hereby approve the phasing plan for this project	WI 18 8259
11/1/ 4/1/	
or pm Graeger, State Historic Preservation Officer	10,545 2028
organi braeger, State historic Freservation Officer	Date



September 10, 2018

Gregory and Joan Gnadt 2617 N. Wahl Avenue Milwaukee, WI 53211

Re: Historic Preservation Certification Application

Project Number WI180259, WI180260 Reviewed: Conditionally Approved

Dear Gregory and Joan Gnadt,

On 2018-08-23, the Division of Historic Preservation received a Historic Preservation Certification Application for your property at 2617 N. Wahl Avenue 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.

We have also reviewed and approved your request for a 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 you have completed all of the work, you must close out the project in order to claim/retain tax credits.

- 1. Take photographs of the overall appearance of the house (from all four sides), as well as detailed "after" shots of the specific work that you have carried out. These photos should be printed in color and of a high resolution on photo paper.
- 2. Send the photos to us along with the Request for Certification of Completed Work (attached).
- 3. A signed Certification of Completed Work will be required by the Department of Revenue to claim the tax credits.

If you have any questions I can be reached by mail at the Wisconsin Historical Society, by telephone at 608/264-6491, by fax at 608/264-6504, or by e-mail at mark.buechel@wisconsinhistory.org.

Please take our 3 minute customer service survey. Your feedback is important to us – http://bit.ly/SHPOsurvey.

Sincerely.

Mark Buechel, AIA

Senior Preservation Architeculating, Preserving, and Sharing Stories since 1846

816 State Street Madison, Wisconsin 53706



ASSIGNED PROJECT CONDITIONS

Homeowner Copy

PROPERTY NAME: Catherine and Dr. James A. Bach House PROJECT NUMBER: WI180259, WI180260 2617 N. Wahl Avenue 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. All flashing should step in mortar joints, do not saw cut any masonry to install flashing at an angle.
- 2. The use of AZEK on a historic home is prohibitted. PVC based products are not approrpiate, you must use wood. The design of the rail system must be submitted for review and approval and must be sympathetic to the historic. Please change the product to a wood material and submit the design of the rail for review and approval as an amendment. Undertaking the railing on your own without subjecting it to review will result in overall retroactive denial of all work.

Mark Buechel for Jim Draeger, State Historic Preservation Officer DATE

Collecting, Preserving, and Sharing Stories since 1846 816 State Street Madison, Wisconsin 53706 Mark Buechel

Wisconsin Historical Society

816 State Street

Madison, WI 53706

Dear Mr. Buechel,

We wish to amend the project application WI 18 0260 for the Catherine and Dr. James Back home at 2617 N Wahl Ave, Milwaukee. All work on the rear flat roof related to placement of posts and railings will not be done. This should reduce the cost of this project by approximately \$2.000.

hodf/ Gregory J Gredt

Sincerely.

Joan Gnadt

2617 N Wahl Avenue

Milwaukee, WI 53211

414-332-1571



September 18, 2019

Gregory and Joan Gnadt 2617 N. Wahl Avenue Milwaukee, WI 53211

Re:

Historic Preservation Certification Application

Project Number WI180260

Dear Gregory and Joan Gnadt,

On September 12, 2019, we received from you a request to amend your tax credit project, number WI190260. The purpose of the amendment was to remove the previously approved rear flat roof work. this would result in a cost reduction of approximately \$2000.

Your request for amendment meets the Secretary of the Interior's Standards for Rehabilitation. The additional work is hereby approved and has been added to the list of eligible work.

If you have any questions about this approval, please let me know. I can be reached by mail at the Wisconsin Historical Society, by telephone at 608/264-6491, by fax at 608/264-6504, or by e-mail at mark.buechel@wisconsinhistory.org.

Sincerely,

Mark Buechel, AIA

Senior Preservation Architect

Collecting, Preserving, and Sharing Stories since 1846 816 State Street Madison, Wisconsin 53706

minnansinhistory.org