

Applicant Information

Name: Nicolet DeRose
Referred by: Alderman Jeff Coe
Building Owner Telephone: 262-637-6453
Business Owner Telephone: _____

Business Information

Name & Type of Business: Dental Office / Business Office ^{Office Building}
Owner's Name: Nicolet DeRose
Address: 316 5th st
Telephone: 262-637-6453 Yrs. In Business: 60
Building occupancy %: 100

Property Owner Information

Name: Nicolet DeRose
Address: 316 5th st
Years Owned: 3

Proposed Improvements

Storefront: Replace Entrance with new Glass doors
Upper façade: _____
Other: _____
Estimated total cost: 7127

Applicant Certification

I have read the "Commercial Façade Design Guidelines" (attached). If the application is approved, I will make the above improvements to the property.

Signature: Nicolet DeRose Date: 11-21-19

- For Office Use Only
- Appl. # _____
- Appl. date: _____
- Approval date: _____

Facade Grant Application

**CITY OF RACINE, WISCONSIN
APPLICATION FOR PROJECT REVIEW**

BY A DESIGN OR DEVELOPMENT REVIEW AUTHORITY

Downtown State Street _____ West Racine _____ Uptown _____ Douglas Avenue _____
 Olsen Industrial Park _____ Young Industrial Park _____ (Jacobsen/Textron) Redevelopment Area _____ (Racine Steel)
 Redevelopment Area _____ Plan Commission _____ Landmarks Commission _____

(Not a substitute for building or sign permit approval)

Submit Completed Application and Supporting Materials To:

Department of City Development

730 Washington Ave., Room 102, Racine, WI 53403

Phone: (262)636-9151 or Fax: (262)635-5347

IMPORTANT NOTICE: Failure to submit a complete application and required supporting materials may result in an application being rejected, or the review body deferring or denying a proposal.

PROJECT ADDRESS OR LOCATION: 316 5th street

PROJECT TYPE: Exterior Remodel Addition _____ New Construction _____ Façade Restoration _____ Sign _____ Other _____
Provide Estimate of Aggregate Project Cost: \$7,127.00

BRIEFLY DESCRIBE PROJECT: Replace existing front door and attached enclosure.

Anticipated Start Date: January 2020

Estimated Completion Date: January 2020

PROPERTY OWNER: Owner Name: Nicolet DeRose
 (Required Information)

Address: 316 5th st, Racine State: WI Zip Code: 53403 Phone #: 637-6453

Fax #: 635-8665 E-Mail: nicoletderose@gmail.com Date: 11-21-19 Signature: Nicolet DeRose

BUSINESS INFO: Business Representative: Michael DeRose Business Name: DeRose Children's Dental

Business Address: 316 5th st State: WI Zip Code: 53403 Phone #: 637-6453

Fax #: E-Mail: michaelangelo_2019@yahoo.com Date: 11-21-19 Signature: [Signature]

AGENT INFO: Firm Name: Green Glass and Contact: _____
 (Architect/Engineer/Designer)

Address: 1120 N. Main Street State: WI Zip Code: 53402 Phone #: 262-632-0550

Fax #: E-Mail: Date: Signature:

CITY STAFF COMPLETE THIS SECTION

Date received: _____ Date to be reviewed: _____ Action: _____

SUBJECT PROPERTY IS (CHECK ALL THAT APPLY):

In a Historic District _____ Designated Local Landmark _____ State Landmark _____ National Landmark _____ NA _____

ADDITIONAL CITY ACTION THAT MAY BE REQUIRED:

Date of Plan Commission review: _____ Plan Commission action: _____

Date of Common Council review: _____ Common Council action: _____

Other: _____

SEE REVERSE SIDE FOR SUBMITTAL REQUIREMENTS



**GREENE
GLASS LLC**

1120 N. Main Street Racine, WI 53402
Phone: 262-632-0550 Fax: 262-632-3040
Email: rpk@greenglassllc.com

July 19, 2019

**Derosé Childrens DDS Office
316 Main Street**

Quote Only:

Provide and install new exterior entryway:

New system will include one (1) 42" x 84" medium stile door.

Two (2) equal sidelite glass

Three (3) transom glass

Clear anodized finish

Thumbturn lock on door

Estimated Cost \$7,127.00

Thank-you,

Rich Kosterman

FAX TRANSMITTAL # of Pages
 TO: MARK FROM: RICK
 CO: _____ GREENE GLASS LLC
 DATE: 7/3/19 PHONE: (262) 832-0550
 FAX # _____ FAX # (262) 832-3040
 COMMENTS PLEASE QUOTE

2x 4 1/2 FRAMEWORK

JOB: DEROSE

CLEAR ANODIZED FINISH

HEAD RECEPTOR

1" O/A CLEAR INSULATED GLASS

DOOR

42x84 HIR

MEDIUM STYLE

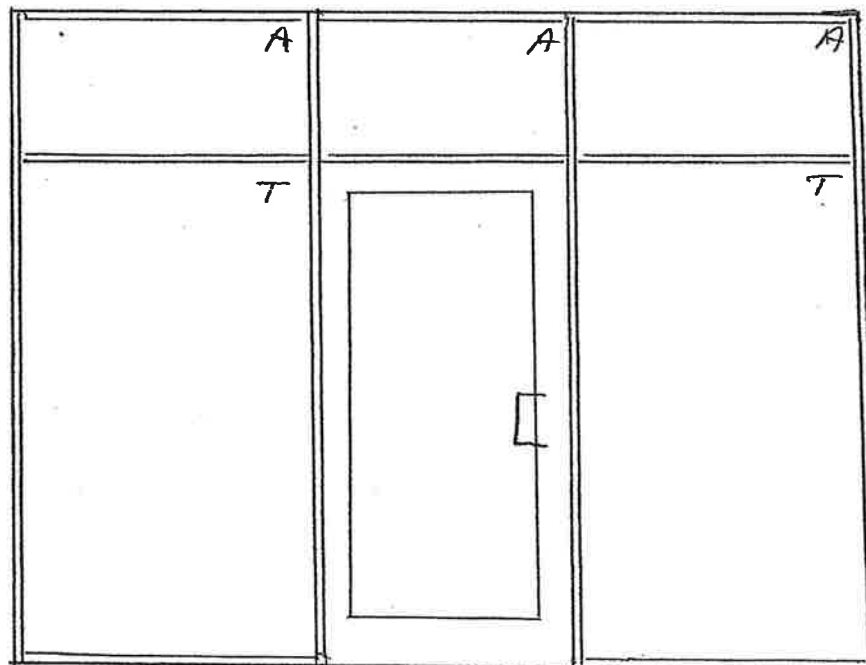
1 1/2 PR. BUTT HINGES

THUMBTURN LOCK

CLOSER

BRUSH SWEEP

136



108

42"
 Door

Hoernel Key Shop Inc

2806 Lathrop Avenue
Racine, WI 53405

QUOTATION

Quote Number: 2137

Quote Date: Nov 12, 2019

Page: 1

Voice: 262-633-6781

Fax: 262-633-6803

Quoted To:
DEROSE DENTAL 316 5TH STREET RACINE, WI 53403

Customer ID	Good Thru	Payment Terms	Sales Rep
DEROSE DENTAL	12/12/19	Net 30 Days	TA

Quantity	Item	Description	Unit Price	Amount
1.00		TUBELITE CUSTOM ENTRANCE TO		
		INCLUDE (1) 40 X 84 MEDIUM STILE		
		DOOR AND E14000 FRAME TRANSOM;		
1.00		HARDWARE TO INCLUDE 1 1/2 PAIR		
		BUTT HINGES STANDARD DIAMETER.		
		PUSH PULLS, LATCH LOCK, PADDLE		
		HANDLE, STRIKE PLATE, SWEEP AND		
		THRESHOLD.		
1.00		FABRICATED T14000 SIDELITES FS 136		
		X 107		
1.00		DOOR CLOSURE AND DROP PLATE		
10.00		CAULK		
1.00		MISC MATERIALS FOR TRIMMING		
		OPENING		
1.00		PRICE FOR ABOVE LISTED ITEMS	4,625.00	4,625.00
1.00		LABOR TO REMOVE OLD ENTRANCE,	1,700.00	1,700.00
		AND INSTALL NEW ENTRANCE		
			Subtotal	6,325.00
			Sales Tax	322.58
			TOTAL	6,647.58

