

Payne, Nancy

From: Sadowski, Matthew
Sent: Wednesday, August 19, 2015 5:38 PM
To: Eeg, Thomas
Cc: Yehlen, Mark; Payne, Nancy; 'jfox17@wi.rr.com'
Subject: Item for public works and services.
Attachments: 209 Sixth Facade_001.pdf; Fox App-209 Sixth_001.pdf; 209 Sixth photo1_001.pdf

Hey Tom:

I have attached a plan sheet, applicant information (design review application), and photos for an item that needs to go before the public works and service committee (next week if possible) for approval of a projection into the public right-of-way for a balcony, and a hold harmless agreement.

This item received design approval by the Downtown Area Design Review Commission on July 17, 2015 under Legistar item 15-00609.

If you have questions or need more information let me know.

Matthew G. Sadowski, MUP, AICP

Interim Director

City of Racine

Department of City Development

730 Washington Avenue (Room 102)

Racine, WI 53403

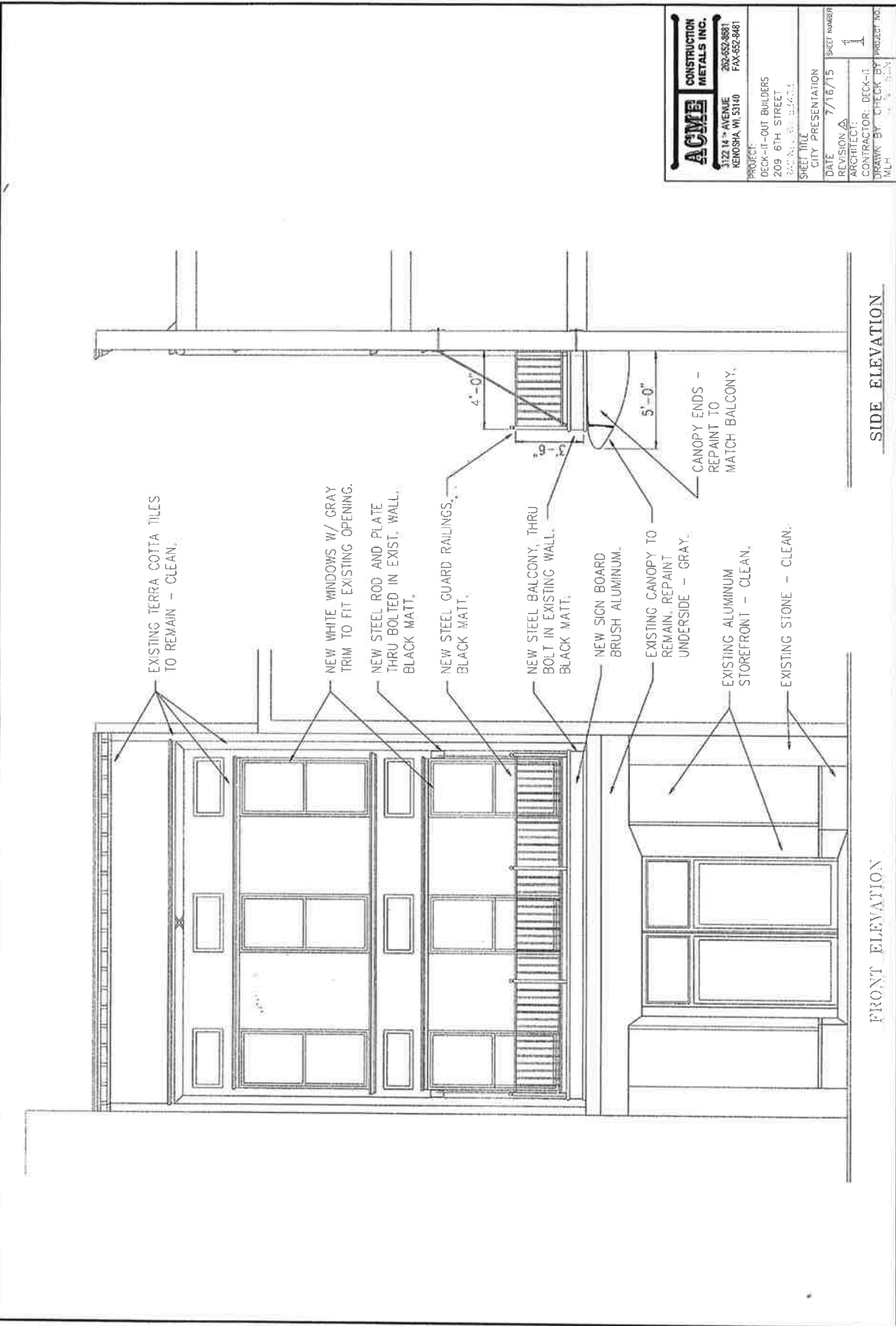
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Department Web Page: <http://www.cityofracine.org/Development.aspx>

City Web Site: <http://www.cityofracine.org/>



FRONT ELEVATION

SIDE ELEVATION

ACME CONSTRUCTION METALS INC.
 3127 14TH AVENUE KENOSHA, WI 53140
 262-652-8881 FAX-652-8881

PROJECT: DECK-IF-OUT BUILDERS
 209 6TH STREET
 KENOSHA, WI 53140

SHEET TITLE: CITY PRESENTATION

DATE: 7/16/15

REVISION: A

ARCHITECT: [blank]

CONTRACTOR: DECK-IF-OUT BUILDERS

DRAWN BY: MLH

CHECK BY: [blank]

SHEET NUMBER: 1

PROJECT NO.: [blank]

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: 209 8th St

PROJECT TYPE: Exterior Remodel ___ Addition ___ New Construction ___ Façade Restoration Sign ___ Other
Provide Estimate of Aggregate Project Cost:

BRIEFLY DESCRIBE PROJECT:

clean & fix Terrace Replace Double Hung windows
PAINT over hanging canopy New BALCONY AND
SIGN BOARD

Anticipated Start Date: 6-1-15 Estimated Completion Date: 8-30-15

PROPERTY OWNER: Owner Name: JIM FOX

(Required Information)

Address: 1908 Cleveland Av State: WI Zip Code: 53405 Phone #: 989-9415

Fax #: E-Mail: Jfox17@wi.rr Date: Signature: [Signature]

BUSINESS INFO: Business Representative: Business Name:

Business Address: State: Zip Code: Phone #:

Fax #: E-Mail: Date: Signature:

AGENT INFO: Firm Name: Deck it out and Contact: Jim

(Architect/Engineer/Designer)

Address: 1908 Cleveland Av State: WI Zip Code: 53405 Phone #: 989-9415

Fax #: E-Mail: Date: Signature: [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



