

SPECIAL CONDITIONS

PROPERTY NAME:

Ole K. Roe House

PROJECT NUMBER: WI12W036

404 S. Fifth Street
Stoughton

REVIEW DATE: 4/17/12 9:24 AM

Staff at the Division of Historic Preservation of the Wisconsin Historical Society have reviewed the attached application and have determined that the proposed work conforms to program standards, provided that the following special conditions are met:

- 1. In carrying out tuckpointing work, you must ensure that: 1) removal of the existing mortar does not damage the brickwork; 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 brickwork. With respect to the composition of the mortar, unless examination reveals that the original mortar is unusually hard, the building should be repointed 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.**
- 2. Only those porch materials that have deteriorated beyond repair may be replaced and then only with materials that match the originals in dimension, design and detail. If a large amount of replacement is required, you must submit photographic evidence of the extent of the deterioration prior to commencing the work. All wood must be primed and painted.**
- 3. If the roofing work involves installation of vents, the following types of vents are approved: 1) shingle-over ridge vents that run the entire length of the ridge extending all the way to the roof edge without stopping short or 2) turbine or box vents installed on the rear portions of the roof, not visible from public rights-of-way.**



Jen Davel for MICHAEL STEVENS, State Historic Preservation Officer

4.17.12

DATE



WISCONSIN HISTORICAL SOCIETY

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DIV HIST PRES

DIVISION OF HISTORIC PRESERVATION - PUBLIC HISTORY HISTORIC HOMEOWNER'S INCOME TAX CREDIT

HISTORIC PRESERVATION CERTIFICATION APPLICATION PART 1 -- EVALUATION OF SIGNIFICANCE

1. NAME OF PROPERTY: OK ROE HOUSE ADDRESS: Street 404 S. 5TH ST City STOUGHTON County DANE ZIP 53589

- Listed individually in the State Register or National Register. COMPLETE ONLY THIS SIDE OF THIS FORM Located in a State Register or National Register Historic District. COMPLETE ONLY THIS SIDE OF THIS FORM NAME OF 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 SIDES OF THIS FORM

2. OWNER'S NAME: JOE + RUBY CABIBBO Street: 404 S. 5TH ST City: STOUGHTON State: WI ZIP: 53589 Telephone (days): 608/ 873-5525 Social Security or Taxpayer Identification Number: 149-34-0050

3. PROJECT CONTACT (If different from owner): Street: City: State: ZIP: Telephone (days):

4. PHOTOGRAPHS. Please enclose photographs of the exterior of the building to be rehabilitated. Photos should be at least 3" x 5" (no "instant" photos) and should show clearly all sides of the building. If you are completing items 6, 7, and 8, please include photographs of the building's interior, site, and important features, as described in section 9 on the reverse side of this form.

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: DATE: 4/10/12

WISCONSIN STATE HISTORIC PRESERVATION OFFICE USE ONLY

WHS PROJECT NO. WI12W036

The Wisconsin Historical Society, Division of Historic Preservation - Public History has reviewed the Historic Preservation Certification Application - Part 1 for this property and has determined that:

- the property is listed in the State Register of Historic Places and is historic property for purposes of the Historic Homeowner's tax credit program. the property contributes to the above-named State Register historic district and is historic property for purposes of the Historic Homeowner's tax credit program. the property appears to meet the State Register Criteria for Evaluation and, therefore is determined to be historic property for purposes of the Historic Homeowner's tax credit program. NON-CERTIFICATION: the property is not listed in the State Register of Historic Places, is not a contributing element to a State Register Historic District, and does not appear to meet the State Register Criteria for Evaluation; therefore. the property is not historic property for purposes of the Historic Homeowner's tax credit program.

For MICHAEL STEVENS, State Historic Preservation Officer DATE 4.17.12



DIVISION OF HISTORIC PRESERVATION - PUBLIC HISTORY
HISTORIC HOMEOWNER'S INCOME TAX CREDIT

HISTORIC PRESERVATION CERTIFICATION APPLICATION - PART 2

Property Name OK ROE HOUSE
Property Address 404 S. 5TH ST STOUGHTON

5a. TAX CREDIT-ELIGIBLE WORK. List the work for which you plan to claim the 25% tax credit.

- Eligible work is limited to: 1) exterior work; 2) structural repair; 3) work on heating and ventilating systems; 4) work on electrical and plumbing systems; and 5) interior work on windows, if you repair or replace existing windows.
- Be specific about the work that you are proposing. Applications with statements like, "possible porch replacement" or "will either paint house or install vinyl siding" will be returned for clarification. If your plans change, you can usually amend the project. (See the program instructions for information about amendments.)
- For each work item, give an estimated cost and dates. Do not give ranges of costs, such as "\$2,000 - \$6,000."
- Please give the Total Cost of Eligible Work and remember that, in order to qualify for the credit, it must be at least \$10,000.
- You have only 2 years to carry out eligible work. If the latest completion date is more than 2 years after the earliest start date, you should consider submitting a Request for Five-Year Project Phasing. [Note: this must be included with your application. If your project is approved without a 5-year phasing plan, it cannot be extended past the 2 years. See program instructions.]
- Use additional sheets if necessary, but be sure to give estimated costs and dates for each item.
- Please do not forget items 6 and 7 on the following page. If you do not photograph or describe the work, your application will be returned without action.

ELIGIBLE WORK ITEM	Estimated cost	Est. start date	Est. completion date
REPLACE 25YR OLD ROOF	\$ 25,000	5/7/12	6/6/12
REPAIR+PAINT N. PORCH + E. PORCH.	\$ 2,000	5/14/12	6/6/12
REPAIR REPLACE GUTTERS	\$ 2,000	5/14/12	6/6/12
REPAIR + REPAINT GABLE ENDS	\$ 2,000	5/14/12	6/6/12
REPAIR + REPAINT WINDOWS	\$ 2,000	5/14/12	6/6/12
TUCK POINT CHIMNEY + CAP	\$ 4,000	5/14/12	6/6/12
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
TOTAL COST OF ELIGIBLE WORK	\$ 37,000		

5b. INELIGIBLE WORK. List additional work that you plan to carry out, or that you have carried out within the last year.

INELIGIBLE WORK ITEM	Estimated cost	Est. start date	Est. completion date
REROOF GARAGE	\$ 3,000	5/7/12	6/6/12
BRICK GARAGE	\$ 10,000	5/1/13	6/1/13
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
TOTAL COST OF INELIGIBLE WORK	\$ 13,000		



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DIVISION OF HISTORIC PRESERVATION - PUBLIC HISTORY
HISTORIC HOMEOWNER'S INCOME TAX CREDIT
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. NAME OF PROPERTY: 64 ROE HOUSE
ADDRESS: Street 404 S. 5TH ST
City STOUGHTON County DANE ZIP 53589

2. OWNER'S NAME: JOE + RUBY CABIBBO
Street: 404 S. 5TH ST
City: STOUGHTON State: WI ZIP: 53589 Telephone (days): 608/ 873-5525
Social Security or Taxpayer Identification Number: 149-34-0050

PHASING PLAN

YEAR 1:
Calendar Year 2012
Work to be performed in this phase:
REPLACE ROOF
TOCK POINT + CAP CHIMNEY
REPAIR + REPLACE GUTTERS

YEAR 2:
Calendar Year 2013
Work to be performed in this phase:
REPAIR PORCHES

YEAR 3:
Calendar Year 2014
Work to be performed in this phase:
REPAIR + REPAINT GABLE ENDS
REPAIR + REPAINT WINDOWS

YEAR 4:
Calendar Year _____
Work to be performed in this phase:

YEAR 5:
Calendar Year _____
Work to be performed in this phase:

OWNER'S CERTIFICATION:

I hereby apply for five-year phasing for the above-stated project.

SIGNATURE OF OWNER: [Signature]

DATE: 4/10/12

WISCONSIN STATE HISTORIC PRESERVATION OFFICE USE ONLY

WHS PROJECT NO. WI12W036

I hereby approve the phasing plan for this project:

[Signature]

DATE 4.17.12

For MICHAEL STEVENS, State Historic Preservation Officer