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BY:

CERTIFICATE OF APPROPRIATENESS
APPLICATION FORM FOR PROPERTIES IN THE
THIENSVILLE HISTORIC DISTRICT

Applicant: Bantz Holdings / Dawn Bantz

Name of Business: Bantz Holdings

Street Address: 175 S. Main St City: Thiensville State: WI Zip: 53092

Home Phone: 262-238-1965 Cell Phone: 262-238-1965 Business Phone: 262-241-1246

Email: dawnbantze@sbcglobal.net

Property Owner: Dawn M. Bantz

Mailing Address: 3025 W. MEQUON RD

City: MEQUON State: WI Zip: 53092

Contact Phone Number: 262-238-1965

Description of Project: Addition
Second story ZBR/ZBata residential living/paint awning

Material, color and impact on existing feature: (INCLUDE COLOR SAMPLES) and photos or sketches and include specifications.

stone/brick/glass panel railings, front deck
roof top deck + change awning color to black

Proposed Sign(s): Wall Monument/Ground Pole Projecting Marquee, Awning or Canopy

Sandwich Board Directional Sign (Please attach 9 copies of colored sign for HPC including size dimensions, material, and placement of sign)

Signature of Applicant: [Signature] Date: 7/30/20
Print Name: DAWN M BANTZ



Thiensville Historic Preservation Commission: Project Approved Project Not Approved

Commission Signature: _____ Date: _____

(Comments/Stipulations from HPC): _____

downbantze@sbcglobal.net

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All new services and upgrades shall be done underground per Ordinance 1993-07.

262-346-4577	WI UNIFORM PERMIT APPLICATION	PERMIT NO. _____
SAFEbuilt	hartfordinspections@safebuilt.com	TAXKEY# _____
Inspections need to be called in by 4 pm for next business day inspections.		

ISSUING MUNICIPALITY	<input type="checkbox"/> TOWN <input checked="" type="checkbox"/> VILLAGE <input type="checkbox"/> CITY	PROJECT LOCATION (Building Address)
	OF <u>Thiensville</u>	<u>175 S. Main St</u>
	COUNTY: <u>OSHAUCEE</u>	PROJECT DESCRIPTION
		<u>Residential Upper</u>

Owner's Name <u>Bantz Holdings</u>	Mailing Address - Include City & Zip <u>175 S. Main St Thrl WI</u>	Telephone - Include Area Code <u>262-238-1905</u>
Construction Contractor (DC Lic No.) <u>Down Bantz</u>	Mailing Address - Include City & Zip <u>3025 W. MEDWON RD MEDWON</u>	Telephone - Include Area Code <u>262-238-1905</u>
Dwelling Contractor Qualifier (DCQ Lic No.)	Dwelling Contractor Qualifier shall be an owner, CEO, COB, or employee of Dwelling Contractor	Telephone - Include Area Code
Plumbing Contractor (Lic No.)	Mailing Address - Include City & Zip	Telephone - Include Area Code
Electrical Contractor (Lic No.)	Mailing Address - Include City & Zip	Telephone - Include Area Code
HVAC Contractor (Lic No.)	Mailing Address - Include City & Zip	Telephone - Include Area Code

PROJECT INFORMATION		Subdivision Name			Lot No.	Block No.
Zoning District	Lot Area	Sq. Ft.	N.S.E.W. Setbacks	Front Ft.	Rear Ft.	Left Ft. Right Ft.
1a. PROJECT	3. TYPE	6. STORIES	9. HVAC EQUIPMENT		12. ENERGY SOURCE	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Raze <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move	<input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi <input type="checkbox"/> Commercial	<input type="checkbox"/> 1-Story <input checked="" type="checkbox"/> 2-Story <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Baseboard or Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input checked="" type="checkbox"/> Central Air Conditioning <input type="checkbox"/> Other		Fuel: Nat. Gas, L.P., Oil, Elec. *, Solid, Solar	
1b. GARAGE	4. CONST. TYPE	7. FOUNDATION	10. PLUMBING		Space Htg, Water Htg	
<input checked="" type="checkbox"/> Attached <input type="checkbox"/> Detached	<input type="checkbox"/> Site Constructed <input type="checkbox"/> Mfd. UDC <input type="checkbox"/> Mfd. HUD	<input checked="" type="checkbox"/> Concrete <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> ICF <input type="checkbox"/> Other	Sewer: <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Septic No.		* <input type="checkbox"/> Dwelling unit will have 3 kilowatt or more installed electric space heater equipment capacity.	
2. AREA	5. ELECTRICAL	8. USE	11. WATER		13. HEAT LOSS (Calculated)	
Basement, Living Area, Garage, Other, TOTAL	Entrance Panel Size, Service, Phase, Volts, Underground, Overhead, Power Company	<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Municipal Utility <u>2"</u> <input type="checkbox"/> Private On-Site Well		Total _____ BTU/HR	
					14. ESTIMATED COST	
					\$ <u>200,000</u>	

I understand that I: am subject to all applicable codes, laws, statutes and ordinances, including those described on the Notice to Permit Applicants form; am subject to any conditions of this permit; understand that the issuance of this permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If one acre or more of soil will be disturbed, I understand that this project is subject to ch. NR 151 regarding additional erosion control and stormwater management and the owner shall sign the statement on the Notice to Permit Applicants form. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

I vouch that I am or will be an owner-occupant of this dwelling for which I am applying for an erosion control or construction permit without a Dwelling Contractor Certification and have read the cautionary statement regarding contractor responsibility on the Notice to Permit Applicants form.

APPLICANT (PRINT): BANTZ Holdings SIGN: [Signature] DATE: 7/30/20

APPROVAL CONDITIONS This permit is issued pursuant to the attached conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Owner/Builder solely responsible for compliance with all applicable State & Local Building and Zoning codes.

INSPECTIONS NEEDED Building Footing Foundation Rough Insulation Bsmt. Fl. Final
 Electric Rough Service Final Plumbing Rough Underfloor Final HVAC Rough Final

FEES:	PERMIT(S) ISSUED	SEAL NO. _____	Municipality No. _____
Building Fee _____ Zoning Fee _____ WI Seal _____ Electric Fee _____ Plumbing Fee _____ HVAC Fee _____ Adm. Fee _____ Other _____ Total _____	Bldg. # At top of form _____ Zoning # _____ Elec. # _____ Plmb. # _____ HVAC # _____	RECEIPT CK # _____ Amount \$ _____ Date _____ From _____ Rec By. _____	PERMIT EXPIRATION: Permit expires two years from date issued unless municipal ordinance is more restrictive.
PERMIT ISSUED BY MUNICIPAL AGENT:			
Name _____ Date _____ Certification No. _____			