

**Michele Gelfman,
President**

CERTIFICATE OF APPROPRIATENESS

ADMINISTRATIVE APPROVAL

The Historic Preservation Commission of South Bend and St. Joseph County has approved the following work:
Repair flat roof on south side of house, replace flashing.

A&M HOME SERVICES, INC./MICHAEL ALEXANDER,
Contractor

for the following location:

1708 WAYNE ST
South Bend, IN, 46615
East Wayne Street
Application No. 2019-0328

in the County of St. Joseph; State of Indiana; which is:

- Located in a Local Historic District** Ord No. 7796-87
 A Local Historic Landmark East Wayne Street

and found this application to be appropriate according to the Standards pertaining to Local Historic Landmarks and/or Local Historic Districts. Regulations pertaining to the Historic Preservation Commission are found in Chapter 21 (Zoning), South Bend Municipal Code and Chapter 26 of the St. Joseph County Code.

The issuance of this certificate does NOT in any manner, release the recipient from the responsibility of complying with the requirements of the zoning ordinances, building codes, safety codes, ADA or other requirements of the City of South Bend, the County of St. Joseph, the State of Indiana, or the United States Federal Government.

This certificate is good for one year from the date of issuance and is effective from the date entered herein. Plans are on file and open for public inspection at the office of the Historic Preservation Commission of South Bend and St. Joseph County, 227 West Jefferson Blvd., Suite 1400 S, South Bend, Indiana, during normal business hours.

HISTORIC PRESERVATION COMMISSION OF SOUTH BEND AND ST. JOSEPH COUNTY

Phone: (574) 235-9371

E-mail: SBSJCHPC@southbendin.gov

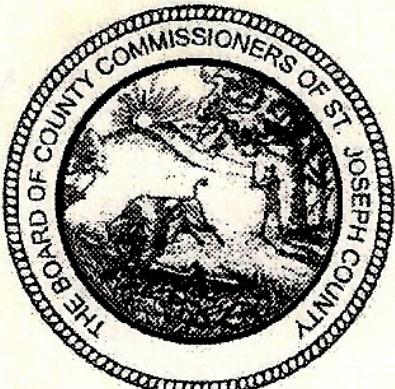
THIS CERTIFICATE IS NOT TRANSFERABLE

NAME OF APPLICANT: **Barbara Hernly**

DATE CERTIFICATE
TAKES FORCE: **3/28/2019**

DATE CERTIFICATE
EXPIRES: **3/28/2020**

CERTIFICATE ISSUED BY:
Adam Toering
Historic Preservation Specialist



ELICIA FEASEL

**Historic Preservation
Administrator**

POST IN A CONSPICUOUS PLACE ON THE STREET SIDE
OF THE PROJECT UNTIL COMPLETION OF ALL WORK.



HISTORIC PRESERVATION COMMISSION OF SOUTH BEND AND ST. JOSEPH COUNTY

County—City Building, South Bend, IN 46601
http://www.southbendin.gov/government/department/community-investment
Phone: 574/235.9371 Fax: 574/235.9021
Email: hpcsbsjc@southbendin.gov

Michele Gelfman, President

A Certified Local Government of the National Park Service

Elicia Feasel, Historic Preservation
Administrator

APPLICATION FOR A — CERTIFICATE OF APPROPRIATENESS

OFFICE USE ONLY>>>>>DO NOT COMPLETE ANY ENTRIES CONTAINED IN THIS BOX<<<<<OFFICE USE ONLY

Date Received: 3/28/2019 Application Number: 2019 0328

Past Reviews: YES (Date of Last Review) _____ NO

Staff Approval authorized by: Adam Toering Title: H. P. Specialist

Historic Preservation Commission Review Date: _____

Local Landmark Local Historic District (Name) E. Wayne LHD

National Landmark National Register District (Name) _____

Certificate Of Appropriateness: Denied Tabled Sent To Committee Approved and issued: 3/28/2019

Address of Property for proposed work: 1708 East Wayne Street
(Street Number—Street Name—City—Zip)

Name of Property Owner(s): Barbara Hernly Phone #: 574-993-2236

Address of Property Owner(s): 1708 East Wayne Street
(Street Number—Street Name—City—Zip)

Name of Contractor(s): A&M Home Services Phone #: 574-855-1050

Contractor Company Name: A&M Home Services

Address of Contractor Company: 602 East Jefferson Street
(Street Number—Street Name—City—Zip)

Current Use of Building: Single Family
(Single Family—Multi-Family—Commercial—Government—Industrial—Vacant—etc.)

Type of Building Construction: Wood
(Wood Frame—Brick—Stone—Steel—Concrete—Other)

Proposed Work: (more than one box may be checked) Landscape New Replacement (not in-kind) Demolition

Description of Proposed Work: Repair flat roof, remove shingles with nail pops and replace with r

Owner e-mail: alexhiff@aol.com and/or Contractor e-mail: trisha@callamnow.com

X _____ and/or X [Signature]
Signature of Owner Signature of Contractor

By signing this application I agree to abide by all local regulations related to project and to obtain a Building Department Permit, if applicable.

574-855-1050



Name: BARBARA HERNLY
 Address: 1708 EAST WAYNE ST
 City/State/Zip Code: SOUTH BEND IN 46615
 Home Phone: 574-993-2236
 Email: alexbiff@aol.com
 Date: NOVEMBER 20, 2018



Inspection Notes :

- Nail pops
- Granule Loss
- Moss Buildup
- Exposed Felt
- Improper/Amateur Install
- Damaged Pipe Boot
- Buckling/Wrinkling
- Standing Water
- Damaged Shingles
- Blistered
- Chimney Flashing
- Previous Repairs Visible
- Missing Tabs
- Curling
- Cracked/Torn
- Missing Flashing

Work Notes:

* BACK FLAT ROOF INSPECT SOUTH / EAST Corner under decking
 IF rotted change @ \$4300 4x8 sheets
 * Counterflash w/ termination bar
 * REMOVE SHINGLES WITH NAIL POPS - CERTAINTED
 * Replace shingles
 * Chimney REFLASH Copper
 - Remove haul away all materials
 - Insert leak barrier, step flashing, shingles, and counter flashing
 * REFLASH @ Roof to Wall Front Porch, EAST Overhang over door, Sunroom w/ chimney
 * FLASHING MUSKET
 * LEAVE ALL Copper for homeowner

Customer Loyalty Program 2 year Warranty 2 Inspections 1st Year 2 Inspections 2nd Year

Acceptance of Proposal: The prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above. Additional detailed information can be found on back of this form.
Total Project Cost: \$6,199.00 Home Owner's Signature Barbara G. Diersen Date: 11/20/18
NOTE: A 1.5% monthly finance charge will be applied to any balance remaining unpaid 30 days from the date of completion of work. Work is considered complete on the day the original invoice is issued. In the event, it is necessary for A&M Home Services to initiate litigation to collect any portion of the amount owed, we will be entitled to all cost of collection, including attorney fees in addition to principal and interest. When satellites are installed on roof, A&M Home Services is not responsible for loss of satellite signal due to roof replacement. During the installation of a new roof A&M attempts to be as careful as we can to prevent damage to the gutters. A&M Home Services, is not responsible for replacement of gutters due to roof repair. A&M is not responsible for damage or leaks to reused or existing skylights. A&M Home Services, undertakes no testing for the growth of mold or fungus existing at the property and owner hereby waives any and all claims for, an A&M assumes no liability for any action, suit, debt or damages, including incidental and consequential damages, judgements, executions, claims and demands whatsoever, in law or in equity, whether known or unknown, and whether matured or not matured, which said owner ever had, now has, can, shall or may have against A&M, for, or upon, or by reason of any manner, cause, or thing whatsoever, that results from the growth, development, intrusion or invasion of mold and fungus on, in, or into the subject roof and underlying building area. Owner acknowledges that it is recommended to maintain property and perform regular maintenance. Additional wood repair cost will be added to the final invoice. Michigan Contractor # 2103209880

This proposal may be withdrawn by us if not accepted within 3 days. Authorized Signature: [Signature]

Payment Terms: Cash/Check Credit Card Insurance Financing

Down Payment: 10% 619.00 CT
 CK# _____
 Due Completion: \$5580.00
 CK# _____

Note: All cash/check contracts will have an additional 3% finance fee on all credit card transactions.

A&M Home Services, Inc.
 602 E. Jefferson St.
 Plymouth, IN 46563
 (574) 855-1050



Available Financing: _____
 Amount Financing: _____
 Estimated Monthly Payments: _____
 Application ID: _____
 Last 4 of SS#: _____

Project Work Sheet

Customer: BARBARA HERNLY

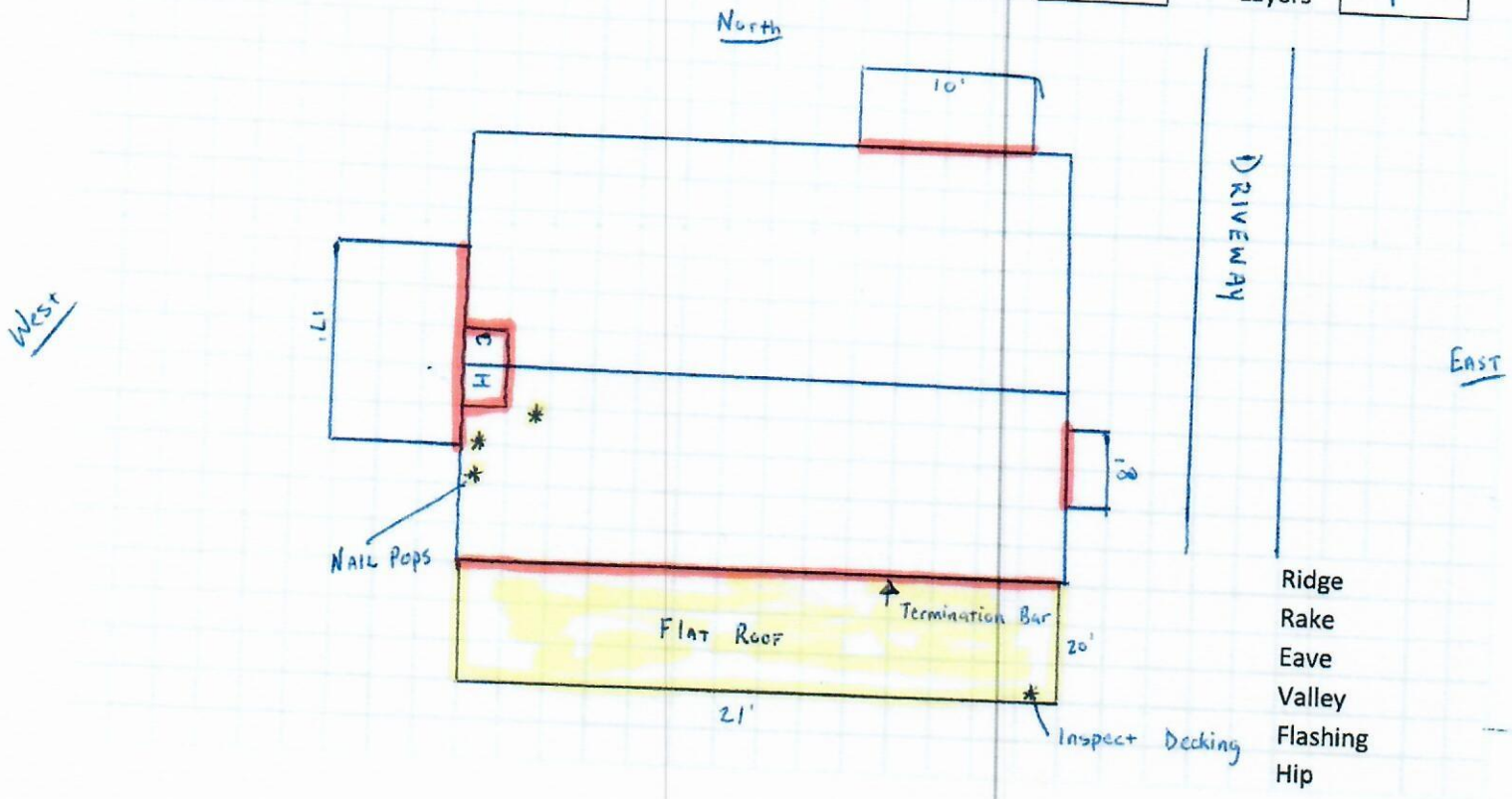
Estimator: GAVIN TAYLOR

Premium Eagleview Yes No

Sq.w/waste

Pitch 10/12

Layers 1



- D= Dump Trailer Loc
- CH= Chimney
- E= Electric
- Sky= Skylight
- S= Satellite
- BX= Box Vent
- BRV= Bath Vent
- SS= Smoke Stack
- _PB= # Pipe Boot

Measurements

Type	<u>Arch Certaineed</u>
Life Expectancy	

Item	Size	Color
Drip Edge	<u>1 1/2</u>	<u>Brown</u>
Gutters	<u>5"</u>	<u>copper</u>
Soffit/Fascia		
Ribbed or Smooth		
Chimney	<u>Brick</u>	
Freeze Board		
Skylights		
Pipe Boots		
Leak Y / N	<u>24 Hr Notice Y / N</u>	
	<u>1/6</u> or OSB	
Insulation (Inches)		

Special Notes:

- overhang flashing
- nail pops
- flat roof
- chimney
- sunroom
- * Send over project worksheet
- * Send over certificate of liability
- * Do Not lean ladders against copper gutters!

Preferred Start Date:

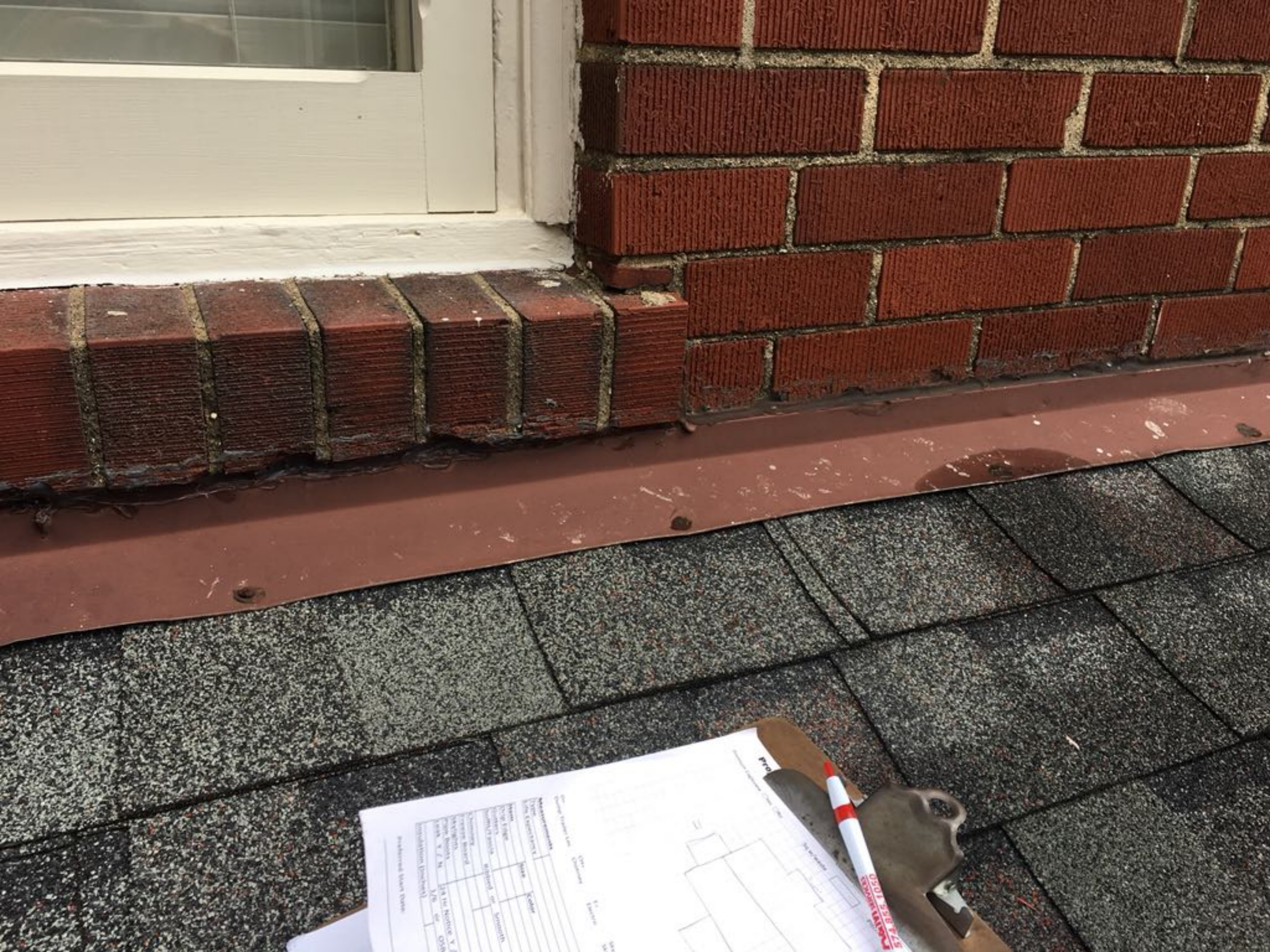






1708





Clipboard with a white and red marker and a pair of keys. The document on the clipboard includes a table and a diagram.

Measurement	Value	Notes
Area		
Perimeter		
Volume		
Weight		
Temperature		
Humidity		
Wind Speed		
Wind Direction		
Cloud Cover		
Light Intensity		
Sound Level		
Soil Moisture		
Soil pH		
Soil Temperature		
Soil Nutrients		
Plant Growth		
Plant Health		
Plant Color		
Plant Height		
Plant Width		
Plant Depth		
Plant Volume		
Plant Weight		
Plant Temperature		
Plant Humidity		
Plant Wind Speed		
Plant Wind Direction		
Plant Cloud Cover		
Plant Light Intensity		
Plant Sound Level		
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Plant Wind Speed		
Plant Wind Direction		
Plant Cloud Cover		
Plant Light Intensity		
Plant Sound Level		
Plant Soil Moisture		
Plant Soil pH		
Plant Soil Temperature		
Plant Soil Nutrients		

Diagram showing a rectangular area with dimensions and a grid pattern.





