CITY OF ABILENE
HERITAGE COMMISSION
AGENDA

October 28, 2021 at 4:00 p.m.
Abilene Public Library
209 NW 4th St.
Abilene, KS 67410

Agenda Item
1. Call to Order
2. Roll Call: ___ Duane Schrag, Chair ___ Mary Burtzloff ___ Joanne Hamilton ___ Phil Hamilton ___ Andrew Pankratz ___ Nanc Scholl ___ Barry Arp 3. Approval of Agenda 4. Approval of the Meeting Minutes – August 19, 2021
Business 5. Grant project proposal updates 6. Administrative Review permit approval: • 203 N. Cedar St.– Plumbing Permit • 206 N. Spruce St. – Right of Way/Roof Permit • 314 N. Broadway St. – Sign Permit • 412 S. Campbell – Roof Permit • 800 N. Buckeye Ave – Building Permit
7. Comments
8. Adjournment

CITY OF ABILENE
HERITAGE COMMISSION
MEETING MINUTES

August 19, 2021 at 4:00 p.m.
Abilene Public Library
209 NW 4th St. Abilene, KS 67410

Members Present: Duane Schrag (Chair), Andrew Pankratz, Mary Burtzloff, Phil Hamilton, Barry Arp
Members Absent: Nanc Scholl, Joanne Hamilton
Staff Present: Planning & Zoning Administrator Kari Zook, Public Works Director Lon Schrader

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Call to Order
The meeting was called to order by Chair Schrag.

Approval of Agenda
Burtzloff moved to approve the agenda, seconded by P. Hamilton. Motion carried unanimously 5-0.

Approval of the Meeting Minutes – July 15, 2021
P. Hamilton moved to approve the minutes, seconded by Pankratz. Motion carried unanimously 5-0.

Business
Structure at 511 NW 2nd St.
Discussion was held regarding the demolition of the lumberyard structure at the previous Webb Home Center business, now owned by the City of Abilene. Public Works Director Lon Schrader presented to members a timeline of events and accidental oversight that this property is a contributing structure on the Downtown Historic District. The City of Abilene doesn't apply for permits on its own property, so this didn't flag staff that it was included in that district. Moving forward, all city owned property will be run through the permitting process before work commences.

Grant project proposal updates
No updates available at this time.

Administrative Review permit approvals:

- 301 N. Cedar St. – Right of Way permit

Comments

City staff were informed by Rob Hammatt, DRH Properties, Inc., that he received a grant to help cover the cost to retuckpoint the exterior of his downtown building. No permits will be required for this project but city staff would inform the Heritage Commission.

Adjournment

P. Hamilton made a motion to adjourn, seconded by Arp. Motion carried unanimously 5-0.

Minutes Approved,

Attest: _____

Duane Schrag, Chair

_____

Kari Zook
Planning & Zoning Administrator

Grant program details

We need to finalize a proposal for the program to assist in the preservation of historically important buildings in Abilene. Here are some of the areas that need to be fleshed out. There undoubtedly are other specifics that need to be added; please offer any ideas you have.

1. What structures will be eligible for assistance? Should it be limited to buildings on the national/state/local historical register? Should residential properties be included? Should there be a designated zone, or could eligible structures be anywhere in the city limits?
2. How will the process for selecting buildings work? What will the criteria be? Douglas County held a series of public meetings to gather ideas about criteria; should we do the same? Should priority be given to work that prevents further deterioration? Will the HC review applications and then submit its recommendation to the city commission or should the HC make the final decision?
3. How much should the owner be required to contribute to the project cost? Should the amount vary with ability to pay, or with the perceived significance of the structure, or with the size of the project?
4. How much should the city commission set aside annually?
5. Should targeted allocations each year be rationed, ie allocate up to half the money for one project, then half the remainder for two or thee projects, then the balance to smaller projects? If so, what should the allocations be?
6. What should the program be called?
7. What other details need to be worked out?

APPLICATION FOR PERMIT

Permit #: _____

☐ Building ☐ Electrical ☐ Temporary Electrical ☒ Plumbing ☐ Mechanical ☐ Other

PERMIT TYPE

☒ Commercial ☐ Residential ☐ Industrial

ABILENE KANSAS

PAID

SEP 29 2021

Method of Payment: ☒ Cash ☐ Charge

1. Project Site Address: 203 Cedar
2. Owner of Record of the Property: Barry Arp
   mailing address zip phone
3. General Contractor: _____
   mailing address zip phone
4. Engineer: _____
   mailing address zip phone
5. Class of Work: ☐ NEW ☐ ADDITION ☒ ALTERATION/REMODEL ☐ REPAIR ☐ DEMOLITION ☐ OTHER _____
6. Describe Work:

Remove toilet & Sink put in tub

Living Area: _____ Garage Sq. Ft.: _____

Addition Sq. Ft.: _____ Stories/Height: _____

Total Sq. Ft.: _____ Land Area: _____

Coverage %: _____ Occupant Load: _____ Occ. Class: _____

7. Use of Building: _____ UBC Bldg. Type: _____
8. Value of Work: $ _____
9. Total Permit Fees (use worksheet): $ _____
10. Builder Declaration (List Contractors):

Electrical: _____

Plumbing: _____

Mechanical: _____

I certify that I have read this application and state that the above information is correct, and that I as owner or builder, do agree to comply with all city adopted building codes, relating to building construction.

Signature _____ Date 9-29-21

☐ Builder/Contractor ☐ Owner ☐ Agent for Owner ☐ Agent for Contractor

Building Inspection Department

Zoning District: _____ H.C. District: ☐ YES ☐ NO Flood Zone: _____

Set Backs: Front Yard _____ Rear Yard _____ L. Side Yard _____ R. Side Yard _____

Special Conditions: _____

_____

Zoning _____ Engineering _____ Fire Dept. _____

Approved for Issuance By: _____ Date _____

Work Sheet

Building	**Unit**	**Base**	**$20.00**
Each Additional $1000 X	$3.50=		_____
Additional Inspections	$25.00		_____
Electrical	**Unit**	**Base**	**$20.00**
Plumbing	**Unit**	**Base**	**$20.00**
Sewer	$10.00		_____
Septic	$20.00		_____
Mechanical	**Unit**	**Base**	**$20.00**
Fence*	$25.00		_____
Curb Cut*	$25.00		_____
Demolition*	$50.00		_____
Sign*	TBD		_____
Roof*	$25.00		_____
Knox Box*	TBD		_____
Total Applicable Units			_____
PERMIT FEE / UNIT			$_____

*requires additional worksheet

ABILENE
KANSAS

PERMIT NO._____

CITY OF ABILENE **USE OF RIGHT-OF-WAY PERMIT** **$10.00**

Application is made under the terms of Ordinances and Specifications of the City of Abilene, Kansas, governing excavation and/or construction within the public right-of-way, to accomplish the work herein described below. Applicant hereby agrees to perform said work and restoration of right-of-way in strict accordance with the provisions of said City Ordinances and Specifications and further agrees to satisfactorily repair any failure or damage within the right-of-way resulting from the excavation or construction covered under this application within one year hereafter.

Applicant agrees to notify Kansas One Call at 1-800-DIG SAFE (1-800-344-7233) the following utilities *before* excavation is made.

APPLICANT

Name Wray Roofing Att: Derrick Klassen
Address 1521 NW 36th St.
City N. Newton State KS Zip 67117
Phone: (316)283-6840
Cellular: (316)617-5507
Emergency #: (316)617-5507

Location of Proposed Work: Porter Chiropractic 206 N. Spruce St. Abilene, KS
Nature of Work: Roofing
Start Date: 09/22/2021 - 10/22/2021
Completion Date: 10 Days from Start

Is the work being performed and/or the materials or equipment being used going to be within the driving and/or parking area of a street or alley? ☐ NO ☒ YES (If yes, submit a Traffic Control Plan showing type, quantity, and placement of approved traffic control devices reference Abilene City Code Chapter 6, Article 5, Section 518, paragraph C.)

Will work require full street closure? ☒ NO ☐ YES (If yes, then applicant must obtain a Request for Street Closure form from the Abilene Police Department.)

Duration of Street Closure: 3 Days

Certification: I certify that I have read and understand Chapter 6, Article 5, Rights-of-Way, of the City of Abilene, Kansas Municipal Code, and agree to complete the aforementioned work in accordance with the provisions set forth therein. I agree to call the Community Development Department (263-2355) and/or Public Works Department (263-3510) to schedule appropriate inspections.

Signature _____ Title Project Manager
Print Name Derrick Klassen Date 09/21/2021
Company Wray Roofing, Inc.

(Office Use Only)

Special Conditions: _____

APPROVED ☐ DISAPPROVED ☐
Authorizing Agent: _____ Date: _____

Community Development
Department
PO Box 519
Abilene, KS 67410-0519
(785) 263-2355

ABILENE
KANSAS

PERMIT NO._____

Permit Fee: $25.00

COMMERCIAL ROOF
PERMIT APPLICATION

Project Site Address: Porter Chiropractic
206 N. Spruce St. Abilene, KS

Property Owner of Record:
Kari Murray

Roof Contractor: Wray Roofing, Inc. State Registration Certificate # 13-115183

Type of roof: TPO

Number of layers of existing covering: 2 Does the existing roof include wood shingles: No

Describe sheathing material: Wood

All roofing material and installation shall meet or exceed the requirements of the 2003 International Building or International Residential Code. Commercial Buildings may require additional information from the product manufacture to insure code compliance.

New roof coverings shall not be installed without first removing all existing layers of roof covering where any of the following conditions occur:

l. Where the existing roof or roof covering is water-soaked or has deteriorated to the point that the existing roof or roof covering is not adequate as a abase for additional roofing.

2. Where the existing roof covering is wood or wood shake, slate, clay, cement or asbestos-cement tile.

3. Where the existing roof has two or more applications of **any** type of roof covering.

In addition to the $20.00 Roof Permit fee, the contractor shall supply the Building Official, when applicable, with a core sample of the existing roof covering of the structure which is to be roofed. Said sample will be supplied to the Building Official in a clear plastic container (preferably a freezer bag) and will become, and remain, the property of the City of Abilene.

Contractor/ Owner Derrick Klassen Date: 09/21/2021

City Inspector: _____ Date:_____

ABILENE
KANSAS

PERMIT NO. _____

APPLICATION FOR SIGN PERMIT

Address of Sign Location:
314 N. Broadway Street

Name-Address of Sign Owner:
Floyd and Sherry Harper 314 N. Broadway St. Abilene, KS 67410 785787-0428

Name-Address Sign Contractor:
Schurle Signs, Inc. 7555 Falcon Road, Riley, KS 66531 785-485-2885

Check Type of sign:

✓ Wall Sign ___ Projecting Sign ___ Free Standing ___Roof Sign

___ Memorial Sign ___ Window Sign ___ Ground Sign ___ Portable

___ Tablets or Plaques ___ Other (Describe) _____

How many signs: 1 Area of proposed sign(s) (Sq. Ft.) 32.44

Total Area of Existing Signs (Sq. Ft.) 0

Total (Sq. Ft.) 32.44

Distance sign projects from wall 8" How is sign secured: lag bolts
Height between grade line and bottom of sign 10' 2"
Width of right-of-way from back of curb to building 6'

Size of Sign(s)	1.)	2.)	3.)
Width	11' 11.75"	____	____
Length	32.5"	____	____
Depth	8"	____	____
Weight	90 lbs.	____	____

Footings & Base information for free standing sign(s) N/A
Of what material is sign constructed? Aluminum cabinet and acrylic faces
Is sign illuminated? Yes If yes, how? internal illumination
Do sign obstruct any window or exit? No

ON BACK OF APPLICATION, WRITE MESSAGE & ALL SYMBOLS ON SIGN!

This is to certify that I agree that the provisions of the zoning ordinance, Section 22, will be complied with whether the same are specified herein or not.

Applicant Signature: Sharla Gamino **Date:** 9/17/2021

FOR OFFICE USE ONLY

Total Sq. Ft. of Lot ____ Zoning District ____ Sign Area to Lot Area Ration ____

Allowable Sign Area ____ Approved ____ Disapproved ____

Minimum Permit Fee is $25.00 up to 25 sq. ft. and $.20 per sq. ft. thereafter PERMITS FEE ____

City Inspector: _____ Date: _____

Schurle Signs Inc.
7555 Falcon Rd. Riley, KS 66531
www.schurlesigns.com (785)485-2885

JOB: Abilene Jewelry

DATE: 8.27.21

REVISION 1 DATE :

REVISION 2 DATE :

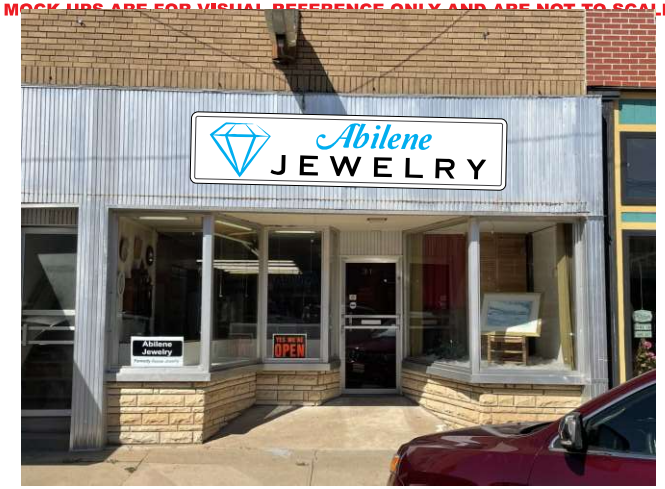
ADDITIONAL REVISIONS SUBJECT TO $25 CHARGE PER REVISION

FILE: Abilene jewlery

NOTES:

new embossed pan face
to replace face in
existing illuminated
sign
*faces to be 1/8" thick
polycarb with a 2 1/2" deep pan

MOCK UPS ARE FOR VISUAL REFERENCE ONLY AND ARE NOT TO SCALE



DESIGN BY: EB

SALESMAN: SK

SCALE: 1/2"=1' MAY VARY±1"

COLOR OF FINAL PRODUCT MAY VARY FROM SKETCH DUE TO MANY CONTRIBUTING FACTORS. IF A SPECIFIC COLOR IS NEEDED, A PANTONE # OR SAMPLE WILL NEED TO BE PROVIDED OR PICKED BY THE CUSTOMER.

PLEASE PROOF ALL TEXT, DIMENSIONS & LAYOUT CAREFULLY. THE CUSTOMER IS RESPONSIBLE FOR CONTENT ACCURACY.

Customer Signature

Community Development Department
PO Box 519
Abilene, KS 67410-0519
(785) 263-2355

ABILENE
KANSAS

PERMIT NO._____

Permit Fee: $25.00

COMMERCIAL ROOF PERMIT APPLICATION

Project Site Address: 412 S. Campbell 11dyck@fhrd.net

Property Owner of Record: ~~LANE K. DYCK CONST. INC.~~ DICKINSON CO. HISTORICAL MUSEUM

Roof Contractor: LANE K. DYCK CONST. INC. State Registration Certificate # 19-008038

Type of roof: DURO-LAST

Number of layers of existing covering: 2 Does the existing roof include wood shingles: No

Describe sheathing material: Plywood

All roofing material and installation shall meet or exceed the requirements of the 2003 International Building or International Residential Code. Commercial Buildings may require additional information from the product manufacture to insure code compliance.

New roof coverings shall not be installed without first removing all existing layers of roof covering where any of the following conditions occur:

1. Where the existing roof or roof covering is water-soaked or has deteriorated to the point that the existing roof or roof covering is not adequate as a abase for additional roofing.

2. Where the existing roof covering is wood or wood shake, slate, clay, cement or asbestos-cement tile.
3. Where the existing roof has two or more applications of **any** type of roof covering.

In addition to the $20.00 Roof Permit fee, the contractor shall supply the Building Official, when applicable, with a core sample of the existing roof covering of the structure which is to be roofed. Said sample will be supplied to the Building Official in a clear plastic container (preferably a freezer bag) and will become, and remain, the property of the City of Abilene.

Contractor/ Owner Lane K. Dyck Date: 9-16-2021

City Inspector: _____ Date: _____

APPLICATION FOR PERMIT

Permit #: 2021-304

☒ Building ☐ Electrical ☐ Temporary Electrical ☐ Plumbing ☐ Mechanical ☐ Other

PAID
ABILENE KANSAS
SEP 29 2021

PERMIT TYPE

☐ Commercial ☒ Residential ☐ Industrial

Method of Payment: ☒ Cash ☐ Charge

1. Project Site Address: 800 N. Buckeye
2. Owner of Record of the Property: Barry Arp — mailing address — zip — phone: 785-341-4198
3. General Contractor: _____ — mailing address — zip — phone: 785-375-5317
4. Engineer: _____ — mailing address — zip — phone

5. Class of Work: ☐ NEW ☐ ADDITION ☒ ALTERATION/REMODEL ☐ REPAIR ☐ DEMOLITION ☐ OTHER_____

6. Describe Work:

Replace Deck

Living Area: _____ Garage Sq. Ft.: _____

Addition Sq. Ft.: _____ Stories/Height: _____

Total Sq. Ft.: _____ Land Area: _____

Coverage %: _____ Occupant Load: _____ Occ. Class: _____

7. Use of Building: _____ UBC Bldg. Type: _____

8. Value of Work: $ 4K

9. Total Permit Fees (use worksheet): $_____

10. Builder Declaration (List Contractors):

Electrical: _____

Plumbing: _____

Mechanical: _____

I certify that I have read this application and state that the above information is correct, and that I as owner or builder, do agree to comply with all city adopted building codes, relating to building construction.

Signature BJ Arp Date 9-29-21

☐ Builder/Contractor ☐ Owner ☐ Agent for Owner ☐ Agent for Contractor

Building Inspection Department

Zoning District: _____ H.C. District: ☐ YES ☐ NO Flood Zone: _____

Set Backs: Front Yard _____ Rear Yard _____ L. Side Yard _____ R. Side Yard _____

Special Conditions: _____

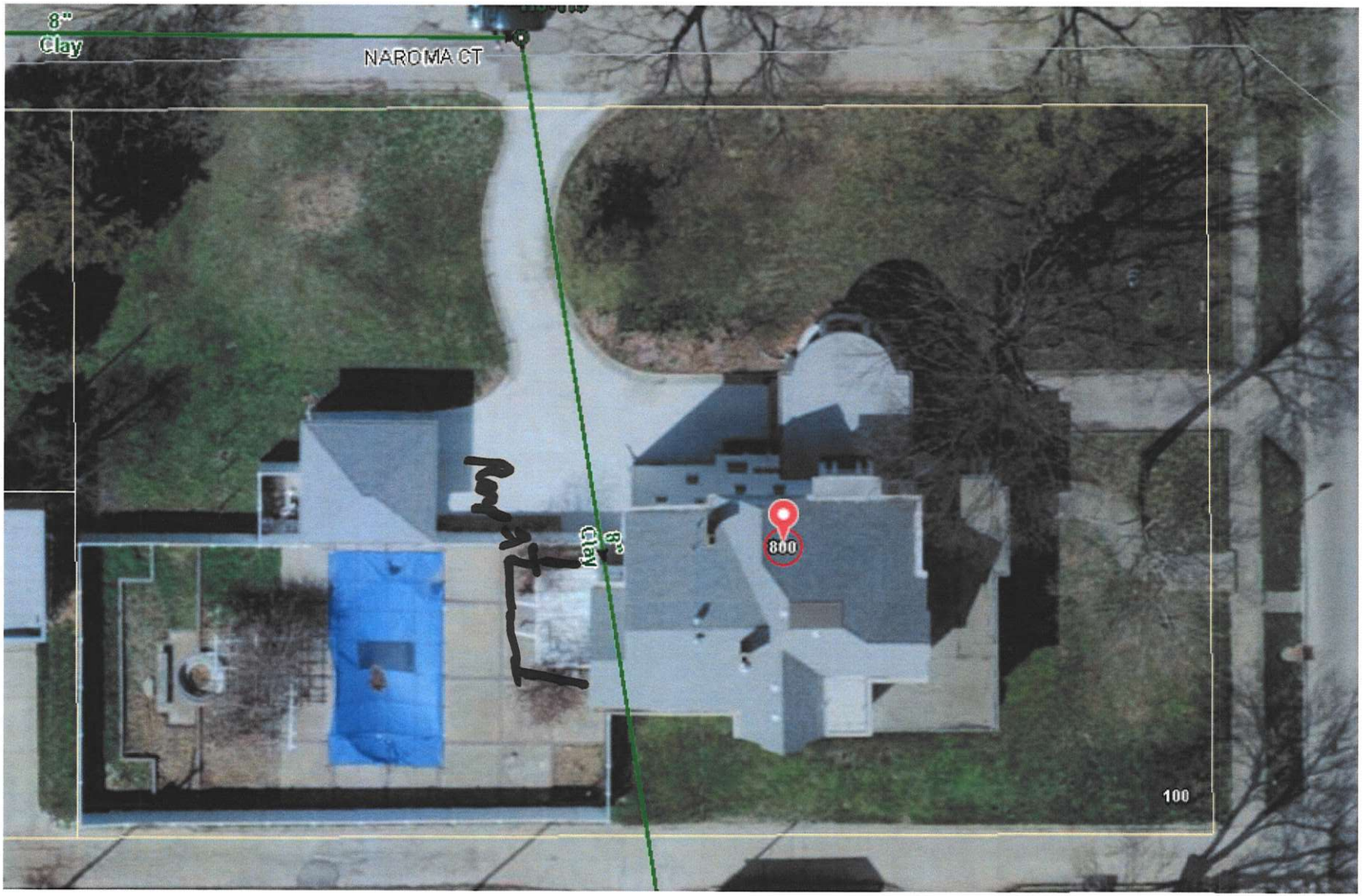
Zoning _____ Engineering _____ Fire Dept. _____

Approved for Issuance By: _____ Date _____

Work Sheet

Building	**Unit**	**Base**	**$20.00**
Each Additional $1000 X	$3.50=		_____
Additional Inspections	$25.00		_____
Electrical	**Unit**	**Base**	**$20.00**
Plumbing	**Unit**	**Base**	**$20.00**
Sewer	$10.00		_____
Septic	$20.00		_____
Mechanical	**Unit**	**Base**	**$20.00**
Fence*	$25.00		_____
Curb Cut*	$25.00		_____
Demolition*	$50.00		_____
Sign*	TBD		_____
Roof*	$25.00		_____
Knox Box*	TBD		_____
Total Applicable Units			_____
PERMIT FEE / UNIT			$ 30.50

*requires additional worksheet


8"
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NAROMA CT
8"
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800
100