CITY OF ABILENE
HERITAGE COMMISSION
AGENDA

December 15, 2022 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, Vice Chair ___ Barry Arp ___ Andrew Pankratz ___ Nanc Scholl ___ Nicole Beck ___ Jeff Radabaugh 3. Approval of Agenda 4. Approval of the Meeting Minutes – August 18, 2022
Business 5. Expiring terms for Heritage Commission members 6. Administrative Review permit approvals: • 106A Naroma Ct – Building permit • 301 N Cedar – Plumbing permit, ROW permit • 506 S Campbell St. – Roof permit • 327 N Broadway – Sign permit • 115 NW 3rd St – ROW permit
7. Comments
8. Adjournment

CITY OF ABILENE
HERITAGE COMMISSION
MEETING MINUTES

August 18, 2022 at 4:00 p.m.
Abilene Public Library
209 NW 4th St. Abilene, KS 67410

Members Present: Duane Schrag (Chair), Andrew Pankratz, Barry Arp, Nicole Beck
Members Absent: Mary Burtzloff (Vice Chair), Nanc Scholl, Jeff Radabaugh
Staff Present: Community Development Director Kari Zook, Administrative Assistant Kelsey Briand

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

Approval of Agenda
Arp moved to approve the agenda, seconded by Beck. Motion carried unanimously 4-0.

Approval of the Meeting Minutes – July 21, 2022
Pankratz moved to approve the minutes, seconded by Arp. Motion carried unanimously 4-0.

Business
Introduction of new Heritage Commission members

Administrative Review permit approvals:
412 S. Campbell – Roof permit
205 S. Cedar – Fence permit

Comments
NextHome sign alteration on NW 3rd St.

Adjournment
Arp made a motion to adjourn, seconded by Beck. Motion carried unanimously 4-0.

Minutes Approved,

Attest:

_____
Duane Schrag, Chair

_____
Kari Zook
Community Development Director

Permit #: _____

APPLICATION FOR PERMIT

X Building N Electrical
X Plumbing N Mechanical

PERMIT TYPE

X Residential ___ Commercial/Industrial
___ Non-Residential

METHOD OF PAYMENT: ✓ Cash/Check ___ Charge

Project Site Address: 106A Naroma Court

Property Owner: Jim and Cindy Medina

Phone/E-mail: 913-231-687 camfrog2586@gmail.com

General Contractor/Engineer: self N

Class of Work: ___ New ___ Addition X Alteration/Remodel ___ Repair ___ Demolition Other _____

Describe Work: basement beam

Value of Work: $ 1,000

Site Plan attached: YES (NO)

Builder Declaration (List Contractors):

Electrical: Max Linder

Plumbing: Modern Plumbing - Jesse

Mechanical: Self

Living Area: _____ Garage Sq. Ft.: _____

Addition Sq. Ft.: _____ Total Sq. Ft.: _____

Stories/Height: _____ Land Area: _____

Coverage %: _____ Occupant Load: _____

Occupant Class: _____ Use of Building: _____

ICC Building Type: _____

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. I acknowledge the city is not responsible for covenants related to the property listed above.

Signature: Cindy Medina

Date: Aug 12, 2022

___Builder/Contractor ___Agent for Contractor ___Owner ___Agent for Owner

Work Sheet
(to be completed by staff)

Building	Base $20
	Each Additional $1,000 x $3.50 = _____
	Additional Inspections $25
Electrical	$20
Mechanical	$20
Plumbing	$20
	Sewer $10
	Septic $20

Permit Fee: $ 80.00 pd CK# 8139

Building Inspection Department
(for office use only)

Zoning District: _____ Historic District: _____
Flood Zone: _____ Corp of Engineer: _____

Setbacks: Front Yard _____ Side Yard _____
Rear Yard _____

Special Conditions:

_____

_____

Approved for Issuance by:

Signature: _____

Date: _____

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: Ronnie Booher
Address: 802 Hillcrest
City: Clay Center State: Ks. Zip: 67432
Phone: 1-785-630-1040
Cellular: Same
Emergency #: 1-785-317-8597

Location of Proposed Work: Toss N Space 306 NW 3rd St.
Nature of Work: Flooring
Start Date: 10-8-2022
Completion Date: 10-13-2022

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: N/A

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 (263-2550) and/or Public Works Department (263-3510) to schedule appropriate inspections.

Signature: Ron Booher
Print Name: Ronnie Booher
Company: Booher's Flooring
Title: Owner/Operator
Date: 10-7-2022

(Office Use Only)

Special Conditions: _____

APPROVED ☐ DISAPPROVED ☐

Authorizing Agent: _____ Date: _____

Community Development
P.O. Box 519
Abilene, KS 67410
785-263-2550

ABILENE
KANSAS

PERMIT NO. _____

Permit Fee: $25.00

RESIDENTIAL/COMMERCIAL ROOF PERMIT APPLICATION

Project Site Address: 506 S. Campbell St

Property Owner of Record: Edwin Becker Jr.

Roof Contractor: Everett Larson Roofing

State Registration Certificate #: 13-117930

Type of roof: (pitched, flat) P+d

Number of layers of existing covering: One

Does the existing roof include wood shingles: No

Describe sheathing material: OSB

All roofing material and installation shall meet or exceed the requirements of the 2009 International Building or International Residential Code. Commercial Buildings may require additional information from the product manufacturer to insure code compliance.

New residential roof coverings shall not be installed without first removing existing roof coverings where any of the following conditions may 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 base 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.

Contractor/Owner: _____ Date: 10/7/22

City Inspector: _____ Date: _____

ABILENE
KANSAS

PERMIT NO. _____

APPLICATION FOR SIGN PERMIT

Address of Sign Location: 327 N. Broadway St.

Name-Address of Sign Owner: Heidi Anderson

Name-Address Sign Contractor: Biz Swag

Owner/Contractor Email Address: Kansasbestrealty@gmail.com Phone #: 785 200 1060

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.) 10 x 5

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

Total (Sq. Ft.) 10 x 5

Distance sign projects from wall 1/2" How is sign secured: Screws

Height between grade line and bottom of sign _____

Width of right-of-way from back of curb to building _____

Size of Sign(s)	1.) Width ___	2.) Width ___	3.) Width ___
	Length ___	Length ___	Length ___
	Depth ___	Depth ___	Depth ___
	Weight ___	Weight ___	Weight ___

Footings & Base information for free standing sign(s) _____

Of what material is sign constructed? CANVAS with wooden Frame

Is sign illuminated? NO If yes, how? _____

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: Heidi Anderson Date: _____

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: _____

ABILENE
KANSAS

PERMIT NO._____

CITY OF ABILENE **USE OF RIGHT-OF-WAY PERMIT** pd CC 10/24 **$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 MID CONTINENTAL RESTORATION
Address 401 E. HUDSON
City FT. SCOTT State KS Zip 66701
Phone: 620 223 3700
Cellular: 620 249-1931
Emergency #: 223-3700

Location of Proposed Work: 115 NW 3RD ST.
Nature of Work: B.L.D.Y RESTORATING
Start Date: 10-24-22
Completion Date: _____

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: _____

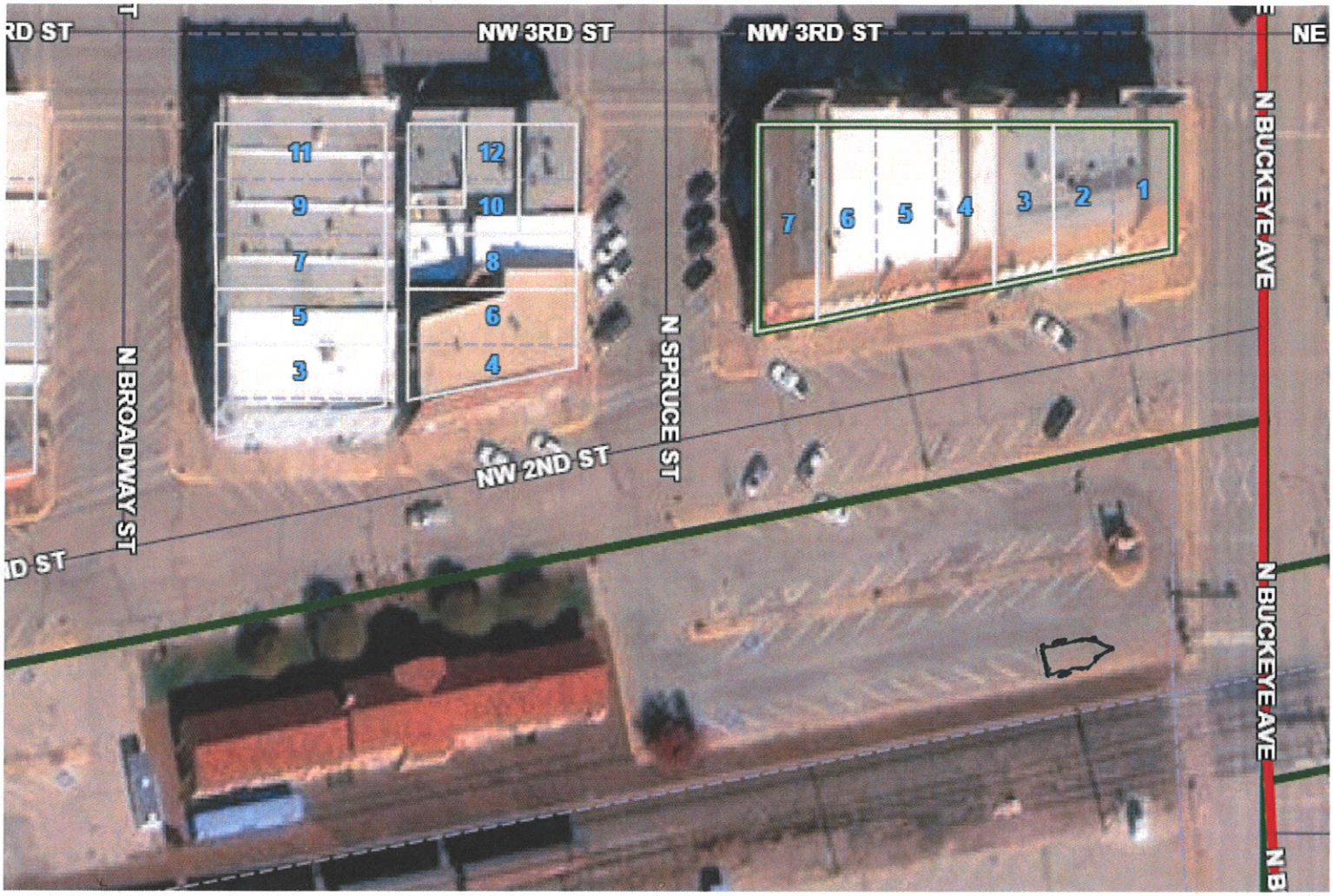
Certification: I certify that I have read and understand Chapter 6, Article 5, Rights-of-Way, of the City of Abilene, Kansas Municipal Code, and agree to complete the aforementioned work in accordance with the provisions set forth therein. I agree to call the Community Development Department (263-2550) and/or Public Works Department (263-3510) to schedule appropriate inspections.

Signature John Perez Title JOB FOREMAN
Print Name John Perez Date 10-24-22
Company M.C.R.

(Office Use Only)

Special Conditions: _____

APPROVED ☐ DISAPPROVED ☐
Authorizing Agent: _____ Date: _____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