

**CITY OF ABILENE
HERITAGE COMMISSION
AGENDA**

September 20, 2023 at 4:00 p.m.
Abilene Public Library
209 NW 4th St.
Abilene, KS 67410

Agenda Item
1. Call to Order
2. Roll Call: ___ Andrew Pankratz, Chair ___ Barry Arp, Vice Chair ___ Mary Burtzloff ___ Nanc Scholl ___ Nicole Beck ___ Kevin Bailey ___ Jeff Radabaugh
3. Approval of Agenda
4. Approval of the Meeting Minutes – June 15, 2023
Business
5. CAMP debrief and goal-setting
6. Administrative Review permit approvals: • 203 N Buckeye – plumbing/roof permit • 302 N Broadway – mechanical/ROW permit • 106 NW 3rd St – plumbing permit • 419 N Broadway – mechanical permit
7. Comments
8. Adjournment

**CITY OF ABILENE
HERITAGE COMMISSION
MEETING MINUTES**

**June 15, 2023 at 4:00 p.m.
Abilene Public Library
209 NW 4th St. Abilene, KS 67410**

Members Present: Andrew Pankratz (Chair), Barry Arp (Vice Chair), Nicole Beck, Mary Burtzloff, Jeff Radabaugh, Kevin Bailey

Members Absent: Nanc Scholl

Staff Present: Community Development Director Kari Zook, Administrative Assistant Kellie Olson

Call to Order

The meeting was called to order by Chair Pankratz at 4:00 p.m.

Approval of Agenda

Burtzloff moved to approve the agenda with the addition of Kevin Bailey to Roll Call, seconded by Beck. Motion carried unanimously 6-0.

Approval of the Meeting Minutes – March 16, 2023

Burtzloff moved to approve the minutes as written, seconded by Arp. Motion carried unanimously 6-0.

Business

CAMP details

Information regarding CAMP was emailed to all Heritage Commission members. The CAMP dates are scheduled for August 15, 2023, and August 17, 2023, both at 4:00 p.m. Location TBD.

Administrative Review permit approvals:

- 619 N Rogers (band shell) – roof permit
- 803 Spruceway – building permit (porch rehab)

Comments

- Introduction of new member, Kevin Bailey.
- The picnic table rehab project at Eisenhower Park is ongoing. Three tables have been fully repaired and others will be rehabilitated as needed.
- Kari Zook attended the Kansas Preservation Conference in Independence, KS May 4-6, 2023. SHPO provided a scholarship that covered travel expenses and registration fees.
- Information was recently emailed to all members regarding the Storefront Beautification Loan program.
- Information was recently emailed to all members regarding the NAPC's upcoming free webinar on June 29, 2023: "Best Practices for an Effective Local Preservation Commission".

Adjournment

Beck made a motion to adjourn at 4:19 p.m., seconded by Arp. Motion carried unanimously 6-0.

Minutes Approved,

Andrew Pankratz, Chair
Heritage Commission

Attest:

Kari Zook
Community Development Director

APPLICATION FOR PERMIT

☐ Building ☐ Electrical
☒ Plumbing ☐ Mechanical



PERMIT TYPE

☒ Residential ☐ Commercial/Industrial
☐ Non-Residential

METHOD OF PAYMENT: ☐ Cash/Check ☒ Charge

Project Site Address: 203 S. Buckeye

Property Owner: Tim Holm

Phone/E-mail: 785-280-9787 (Melissa) (Reynolds Real Estate)

General Contractor/Engineer: Denny's Plumbing

Class of Work: ☐ New ☐ Addition ☐ Alteration/Remodel ☐ Repair ☐ Demolition Other ☐

Describe Work: repair sewerline

Value of Work: \$ _____

Site Plan attached: YES NO

Builder Declaration (List Contractors):

Electrical: _____

Plumbing: ☒

Mechanical: _____

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: [Signature]

Date: 6-15-23

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

Scheduled for 6-19-23

Work Sheet

(to be completed by staff)

Building Base \$25
 Each Additional \$1,000 x \$3.50 = _____
 Additional Inspections \$25

Electrical \$25

Mechanical \$25

Plumbing \$25

Sewer \$10

Septic \$20

Permit Fee: \$ 30.00

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: _____

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



PERMIT NO. 2023-175

Permit Fee: \$25.00

Paid 7/20/2023 via CC - kao

RESIDENTIAL/COMMERCIAL ROOF PERMIT APPLICATION

Project Site Address: 203^N Buckeye Ave Abilene KS
Property Owner of Record: Jason Barth ^{Holm Real Estate Abilene, LLC} Phone: (785) 342 3430
Roof Contractor: Guillermo Castillo Bill's Roofing Phone: (785) 614-1864
State Registration Certificate #: 20-002849
Type of roof: (pitched, flat) Flat
Number of layers of existing covering: 2
Does the existing roof include wood shingles: NO
Describe sheathing material: 3 WOOD

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.

SIGNATURES:

☐ Contractor ☒ Owner / Occupant

Signature: [Signature] Date: 07-20-2023

City Inspector: _____ Date: _____

APPLICATION FOR PERMIT

- ☐ Building ☐ Electrical
☐ Plumbing ☒ Mechanical

PERMIT TYPE

- ☐ Residential ☒ Commercial/Industrial
☐ Non-Residential

METHOD OF PAYMENT: ☒ Cash/Check ☐ Charge

Project Site Address: 302 N Broadway Abilene

Property Owner: Amandis Bakery / Rod Riffel

Property Owner Phone/E-mail: 785-200-4133

General Contractor/Engineer: AG Air LLC

General Contract Phone/E-mail: 785-479-0171 agairllc@gmail.com

Class of Work: ☐ New ☐ Addition ☐ Alteration/Remodel ☒ Repair ☐ Demolition ☐ Other _____

Describe Work: Replace HVAC Condenser

Value of Work: \$ _____

Site Plan attached: YES NO

Builder Declaration (List Contractors):

Electrical: _____

Plumbing: _____

Mechanical: _____

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, easements, or right-of-way related to the property listed above.

Signature: _____

Date: 10-21-23

**Work Sheet**

(to be completed by staff)

Building Base \$25
 Each Additional \$1,000 x \$3.50 = _____
 Additional Inspections \$25

Electrical \$25

Mechanical \$25

Plumbing \$25

Sewer \$10

Septic \$20

Permit Fee: \$ _____

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: _____

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

CITY OF ABILENE

USE OF RIGHT-OF-WAY PERMIT

\$25.00

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 Joe Scheell | AG AIRE LLCAddress 829 HWY 15City Hope State KS Zip 67451Phone: 785-479-0171

Cellular: _____

Emergency #: 785-479-0749Location of Proposed Work: Amanah's Bakery
302 N Broadway Abilene, KSNature of Work: HVACStart Date: 6-26-23Completion Date: 6-26-23

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.) using cones in parking.

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: full day

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 Joe ScheellTitle ownerPrint Name Joe ScheellDate 6-21-23Company AG AIRE LLC

(Office Use Only)

Special Conditions: _____

APPROVED ☐ DISAPPROVED ☐

Authorizing Agent: _____ Date: _____

APPLICATION FOR PERMIT

☐ Building ☐ Electrical
☐ Plumbing ☐ Mechanical



PERMIT TYPE

☐ Residential ☒ Commercial/Industrial
☐ Non-Residential

METHOD OF PAYMENT: ☐ Cash/Check ☒ Charge

Project Site Address: 106 NW 3rd

Property Owner: Cora Welbourn

Phone/E-mail: 785-263-3132

General Contractor/Engineer: Dehny's Plumbing

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

Describe Work: install new water heater

Value of Work: \$ _____

Site Plan attached: YES ☒ NO

Builder Declaration (List Contractors):

Electrical: _____

Plumbing: ☒ _____

Mechanical: _____

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: [Signature]

Date: 7-7-23

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

Work Sheet

(to be completed by staff)

Building Base \$25
 Each Additional \$1,000 x \$3.50 = _____
 Additional Inspections \$25

Electrical \$25

Mechanical \$25

Plumbing \$25

Sewer \$10

Septic \$20

Invoice

Permit Fee: \$ 25.00

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: _____

Permit #: 2023-171

APPLICATION FOR PERMIT

- ☐ Building ☐ Electrical
☐ Plumbing ☒ Mechanical

PERMIT TYPE

- ☐ Residential ☒ Commercial/Industrial
☐ Non-Residential

METHOD OF PAYMENT: ☐ Cash/Check ☐ Charge

Project Site Address: 419 N. Broadway

Property Owner: City of Abilene

Property Owner Phone/E-mail: _____

General Contractor/Engineer: _____

General Contract Phone/E-mail: _____

Class of Work: ☐ New ☐ Addition ☐ Alteration/Remodel ☒ Repair ☐ Demolition ☐ Other _____

Describe Work: New HVAC Replacement
+ gas Furnace

Value of Work: \$ _____

Site Plan attached: YES NO

Builder Declaration (List Contractors):

Electrical: _____

Plumbing: _____

Mechanical: Smith Heating & Air

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, easements, or right-of-way related to the property listed above.

Signature: Bulkley

Date: 7-14-23

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



Work Sheet

(to be completed by staff)

Building Base \$25
Each Additional \$1,000 x \$3.50 = _____
Additional Inspections \$25

Electrical \$25

Mechanical \$25

Plumbing \$25

Sewer \$10

Septic \$20

Permit Fee: \$ X

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: _____