



Historic Preservation Services

Community Development & Neighborhood Services

281 North College Avenue

P.O. Box 580

Fort Collins, CO 80522.0580

970.416.4250

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fcgov.com/historicpreservation

REPORT OF ALTERATIONS TO DESIGNATED RESOURCE

Site Number/Address: 824 Mathews Street

Laurel School National Register Historic District

ISSUED: April 26, 2021

Kent L. Bradley
824 Mathews Street
Fort Collins, CO 80524

Dear Property Name:

This report is to inform you of the results of this office's review of proposed alterations to E.R. Hoffman Residence at 824 Mathews Street, pursuant to Fort Collins Municipal Code, Chapter 14, [Article IV](#). A copy of this report may be forwarded to the Colorado Office of Archaeology and Historic Preservation as well.

The alterations reviewed include:

- Expansion/alteration of basement egress window and window well.

Our staff review of the proposed work finds the alterations do meet the SOI Standards for Rehabilitation. The requirement for a design review application has been waived because the project appears to be routine in nature with minimal effects to the historic resource, and meets the requirements of Article IV cited above. The basement window in question is not a character-defining feature and modification of basement windows for egress are common adaptations to improve function without significant alteration of the property's overall historic character.

Notice of the approved application has been provided to building and zoning staff to facilitate the processing of any permits that are needed for the work.

Please note that work beyond that indicated in your permit application/correspondence requires additional approval.

If you have any questions regarding this report, or if I may be of any assistance, please do not hesitate to contact me. I may be reached at jbertolini@fcgov.com or 970-416-4250.

Sincerely,

Jim Bertolini
Historic Preservation Planner



BUILDING PERMIT APPLICATION

APPLICATION NUMBER: B2102890	FOR OFFICE USE	APPLICATION DATE: 4/20/21
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Job Site Address _____ **Unit#** _____

PROPERTY OWNER INFO: (All owner information is required – NOT optional)

Last Name _____ First Name _____ Middle _____
 Street Address _____ City _____ State _____ Zip _____
 Phone # _____ Email _____

Name of Business (COMMERCIAL USE ONLY) Crystal 00143206 or

CONTRACTOR INFO: Company Name sawcutting L20 # D2-229

License Holder Name Arnold Gonzalez LIC # _____ CERT # _____

LEGAL INFO:

Subdivision/PUD _____ Filing # _____ Lot # _____ Block # _____ Lot Sq Ft _____

CONSTRUCTION INFO: Total Building Sq Ft (NOT including basement) _____ Total Garage Sq. Ft. _____

Residential Sq Ft _____ Commercial Sq Ft _____ # of Stories _____ Bldg Ht _____ # of Dwelling Units _____

1st Floor Sq Ft _____ 2nd Floor Sq Ft _____ 3rd Floor Sq Ft _____ Unfinished Basement Sq Ft _____

Finished Basement Sq Ft _____ # of Bedrooms _____ # of Full Baths _____

¾ Baths _____ ½ Baths _____ # Fireplaces _____

ENERGY INFORMATION: (CHECK ONE)

ComCheck UA (ResCheck) SPA (Simulated Performance Alternative) Prescriptive ERI (Energy Rating Index)

Air Conditioning? YES NO

City of Fort Collins Approved Stock Plan # SPO List Option #s _____

UTILITIES INFO: Gas Electric Electric Temp. Pedestal Yes No
 Electric Main Breaker Size (Residential Only): 150 amp or less 200 Amp Other

ZONING INFO: (COMMERCIAL USE ONLY)

Proposed Use: (i.e. medical, office, bank, retail, etc.) _____

For Commercial remodels and tenant finishes, please answer the following questions:

Is the remodel/tenant finishes for an existing or new tenant? (Please check one)
 Existing Tenant New Tenant

If for a new tenant, is this the first tenant to occupy this space?
 Yes No If not for the initial tenant for this unit, what was the previous use of this tenant space?

Are there any exterior building changes (including mechanical) associated with the work? Yes No
 If yes, please describe: _____

Value of Construction (materials and labor): \$ _____

Description of Work: _____

JOBSITE SUPERVISOR CONTACT INFO: Name _____ Phone _____

SUBCONTRACTOR INFO: Electrical _____ Mechanical _____

Plumbing _____ Framing _____ Roofing _____

Fireplace _____ Solar _____ Other _____

ASBESTOS STATEMENT DISCLOSURE: *In accordance with the State of Colorado Senate Bill 13-152, property owners, applying for a remodel permit, shall indicate their awareness about their property having been inspected for Asbestos Containing Materials (ACM's).*

- I do not know if an asbestos inspection has been conducted on this property.
- An asbestos inspection has been conducted on this property on or about (enter date) _____
- An asbestos inspection has not been conducted on this property.

Applicant: I hereby acknowledge that I have read this application and state that the above information is correct and agree to comply with all requirements contained herein and City of Fort Collins ordinances and state laws regulating building construction.

Applicant Signature  _____ Type or Print Name _____

Phone # _____ Email _____

THIS APPLICATION EXPIRES 180 DAYS FROM APPLICATION DATE



