



Historic District Commission

Cranston City Hall
869 Park Avenue, Cranston, Rhode Island 02910

APPLICATION FOR REVIEW OF PROPOSED WORK

Attach to Completed Building Department Application

1. LOCAL DISTRICT NAME: Oak Lawn Village

2. PROPERTY ADDRESS: 238 Wilbur Ave

3. PLAT # 18 LOT # 1784

4. OWNER/APPLICANT NAME: Sarah Kern

ADDRESS: 238 Wilbur Ave

PHONE #: (508) 439 - 0008

5. A. DESIGNER'S NAME (if any): _____

ADDRESS: _____

PHONE #: (____) _____ - _____

B. CONTRACTOR'S NAME (if any): Heritage Restoration, Inc

ADDRESS: 8 Robin St, Providence RI 02908

PHONE #: (401) 932 - 1985

6. WORK CATEGORY (Please check all that apply):

New Structure(s)

Partial Demolition of Structure(s)

Addition to Structure(s)

Total Demolition of Structure(s)

Remodeling of Structure(s)

Sign(s) or Landscaping Features

7. DESCRIPTION OF PROPOSED WORK:

The front, north side porch requires extensive repair and reconstruction. The framing will be replaced as needed and the piers left intact. The finish trim will be repaired with epoxy or replaced with vertical grain, pre-primed rot resistant wood. The decking will be replaced with similar sized wood where necessary. The railings will be removed, repaired, and reinstalled in the same location. The front stairs, railings and newel post will be replaced with wood, to match existing.

There are also 2 rectangular, fixed windows in the rear that are simulated divided light insulated glass units. These units will be replaced to a similar size sash, although the light configuration will change to a square light surrounding a larger horizontal pane (SEE Attached Photo).

There are several areas around the house where shingles and clapboards will be replaced in-kind, using pre-primed solid vertical grain wood.

8. INCLUDED WITH THE APPLICATION (*Check all that apply*):

A. *PHOTOGRAPHS:*

Overall view of the property from street(s)

Overall views of building(s)

Existing details to be altered by work

B. *DRAWINGS / RENDERINGS:*

_____ Site Plan (Drawn to Scale)

_____ Floor Plan(s) (Drawn to Scale)

_____ Overall views of building(s)

Details

C. *OTHER:*

_____ Additional Renderings

_____ Catalog Cuts


_____ Other Specifications

_____ Other (*Identify Below*)

Other: _____

9. SIGNATURES

Robert Cagnetta
Applicant's Name (printed)


Applicant's Signature

Date: 5.21.24

Contact Person if other than Applicant:

Name (printed) () - _____
Phone #

FOR USE BY THE BUILDING OFFICIAL'S OFFICE ONLY

Received By (printed) Received by Signature

Date: _____

FOR USE BY THE HISTORIC DISTRICT COMMISSION ONLY

Received By (printed) Received by Signature

Date: _____



Window to be replaced

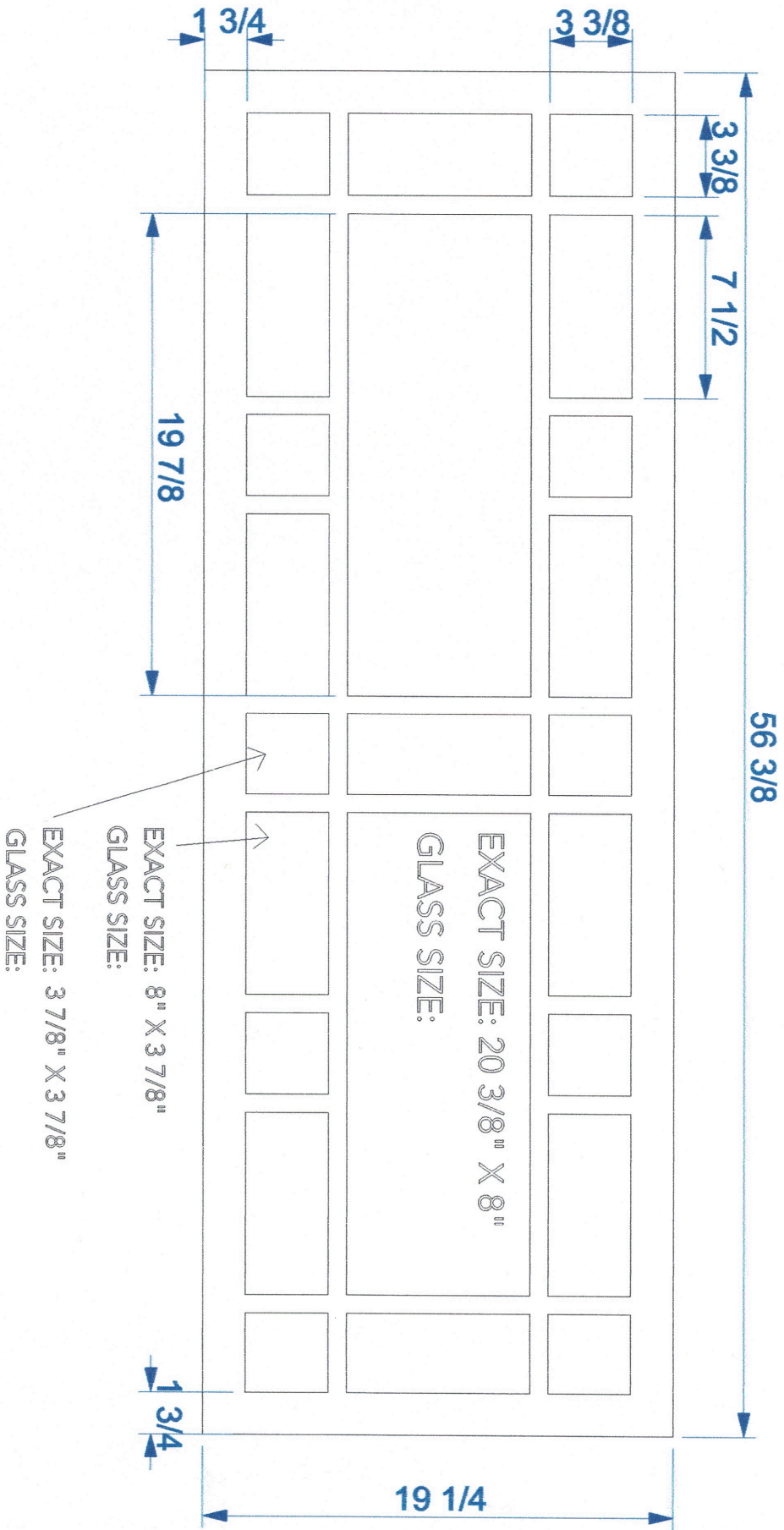


Previous phase of work



Window to be replaced

BLACK-KERN TRANSOM





Lower porch
repair