



OFFICIAL NOTICE & AGENDA SUBCOMMITTEE MEETING

MEETING: Historic Preservation Commission
DATE/TIME: Tuesday, June 9, 2026, at 4:00 PM
LOCATION: Wausau City Hall — Maple Room
407 Grant Street, Wausau WI, 54403

MEMBERS:
Blake Opal-Wahoske (C) Keene Winters
Christine Martens (VC) Jeffrey Klapperich
Bruce Trueblood Brad Lenz
Dave Oberbeck (Ex Officio)
Patrick Bacher Bill Herbert
Aaron Griner (Ex Officio)

1 Discussion and possible action.

- a. Certificate of Appropriateness for 803 Franklin Street (Holster Management)

2 Adjournment.

Blake Opal-Wahoske, Chair

NOTICE POSTED AT CITY HALL (407 GRANT STREET) AND TRANSMITTED TO THE OFFICIALLY DESIGNATED NEWSPAPER

DATE: June 5, 2026
TIME: 11:45am
POSTED BY: Michelle Van Krey

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 (ADA), the City of Wausau will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs or activities. If you need assistance or reasonable accommodations in participating in this meeting or event due to a disability as defined under the ADA, please call the ADA Coordinator at (715) 261-6622 or ADAServices@wausauwi.gov to discuss your accessibility needs. We ask your request be provided a minimum of 72 hours before the scheduled event or meeting. If a request is made less than 72 hours before the event the City of Wausau will make a good faith effort to accommodate your request.



City of Wausau
(715) 261-6500 | clerk@wausauwi.gov
wausauwi.gov



APPLICATION TO THE HISTORIC LANDMARKS COMMISSION
Wausau, Wisconsin
for a
CERTIFICATE OF APPROPRIATENESS

An application is hereby made for issuance of a Certificate of Appropriateness under City of Wausau Historic Landmarks Ordinance for proposed work as described below and on plans, drawings and photographs accompanying this application. (This application provides information supplemental to the building permit application form and only applies to landmarks, historic sites, and properties within a designated historic district.)

Property Owner's Name: Christine Ramcharitar (Holster Management)

Property Owner's Home Address: 209-11 94 th Ave Zip 11428
Queens Village, NY 11428

Daytime Telephone No.: 715-432-5733

Address of Subject Property: 803 Franklin St
Wausau WI 54403

Name/Address/Phone Number of Applicant: Mark Nakielski -Nakielski Construction Zip 53716
(if different from property owner) Phone: 608-228-8750

PLEASE SUBMIT THE FOLLOWING TO THE CITY INSPECTIONS DEPARTMENT WITH THIS COMPLETED APPLICATION:

- * Three full size copies of the plan(s) at a scale of one inch equals not more than four feet. Important building details should be shown at a scale of one inch equals one foot.
- * Recent photo(s) showing the entire building and others showing detail of area(s) proposed to be changed.
- * Historic photo(s) of the building, if available.
- * Photo(s) of other buildings showing details similar to those contemplated may be submitted, if available.
- * Building permit application.

DETAILS OF PROPOSED WORK. Please check or fill in the blanks related to those building elements which will be impacted by the proposed work. On the reverse side of this application, provide a brief description of the nature of the proposed work.

1. New Construction including additions to an existing structure: _____.
2. Demolition of structure or portion thereof: _____.
3. Foundation: _____.
4. Chimney: Brick _____, Stone _____, Wood _____, Other _____.
5. Garage Doors: Wood _____, Metal _____, Fiber Glass _____.
6. Skylight: Type _____, Size _____.
7. Roof Pitch: _____, Dormer Pitch: _____, Other _____.
8. Roofing Material: Asphalt _____, Wood _____, Tile _____, Other _____.
9. Exterior Wall Material(s): Wood siding:(width)_____, Alum/Vinyl siding:(width)_____, Brick_____.
10. Gutter Material: _____, Size _____.
11. Window Style (size): Double Hung _____, Casement _____, Awning _____, Other _____.
12. Glass Type: Full Pane _____, Divided Panes _____, Leaded _____, Stained _____, Other _____.
13. Storm Window Frame: Wood _____, Aluminum _____, Vinyl _____, Other _____.
14. Storm Window Glass: Clear _____, Tinted _____, Other _____.
15. Door Type: Front _____, Other _____, Material _____.
16. Storm Door Type: Front _____, Other _____, Material _____, Style _____.
17. Other (Specify): See Attached (over)

DESCRIBE IN GENERAL TERMS THE NATURE OF WORK TO BE COMPLETED (please print and attach additional sheets if necessary):

See Attached

(PLEASE DO NOT WRITE BELOW THIS LINE)

CERTIFICATE OF APPROPRIATENESS

If approved, this certificate is valid for 12 months from date of issuance. It may be renewed by contacting the City Inspections Department. No alteration may be made which differs from the approved application, plans, and conditions, if any.

Application Number: _____

Building Status: Contributing _____ Noncontributing _____

Approved as Proposed: _____

Approved with Conditions: _____

Disapproved: _____

(If you wish to appeal the Commission's decision, please contact the City Clerk.)

_____ Date: _____

(Historic Landmark's Commission Chairman or Designee)

COMMENTS OR CONDITIONS FOR APPLICANT/CERTIFICATE: _____

Deck Replacement and Historic District Description

The existing deck and supporting structure do not meet current building code requirements. New footings and joists are required to provide adequate structural support, and the existing railing system is also not code compliant and must be replaced. With respect to Historic District requirements, the appearance and decorative features of the deck will be maintained to closely match the existing design and character of the structure. While the deck will retain its current aesthetic appearance, the underlying structural components must be upgraded to address significant code and safety deficiencies present in the existing deck.

Job Description (Other)

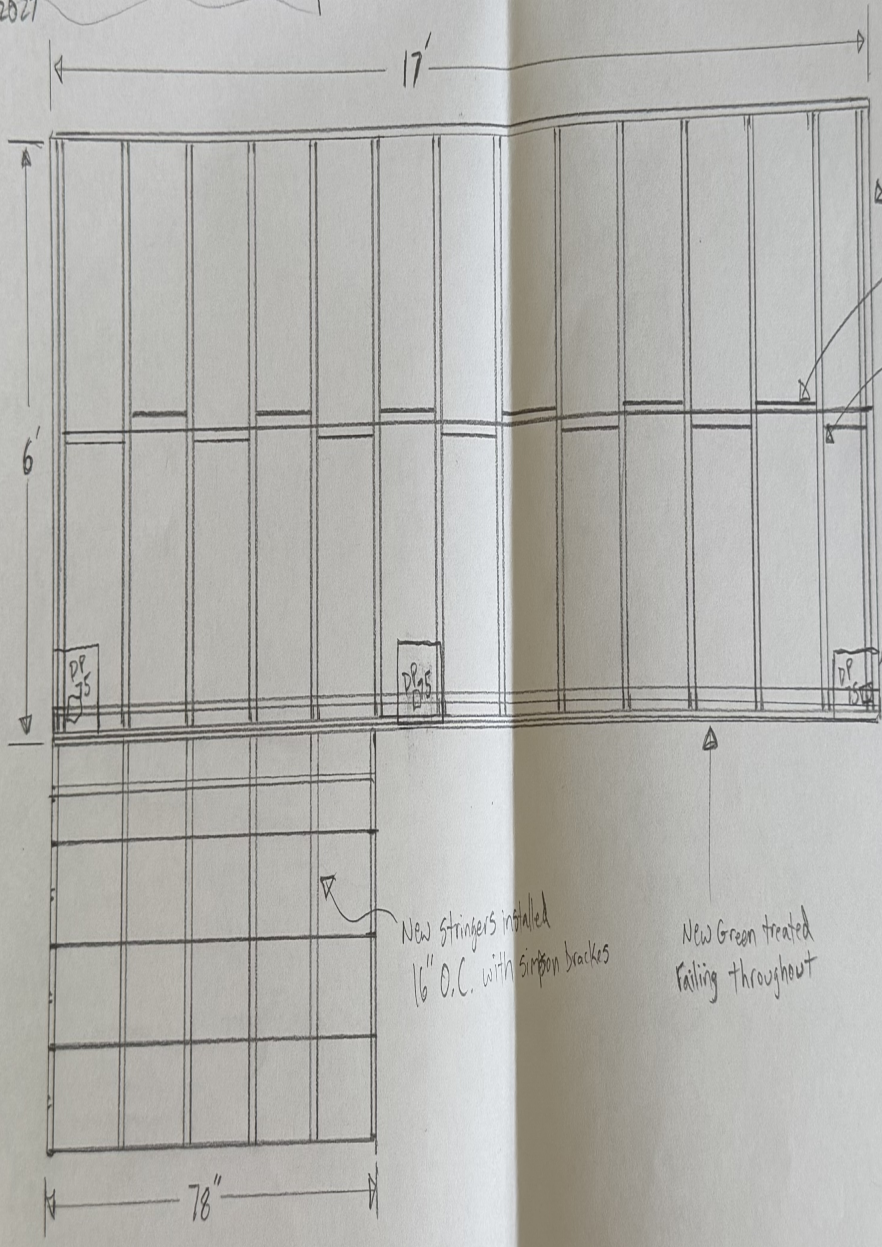
Remove and replace the existing deck structure due to code and structural deficiencies. Work includes installation of new footings, posts, beams, joists, decking, and code-compliant guardrails. The existing appearance, dimensions, and decorative features will be maintained to preserve the historic character of the property while upgrading the structural components to meet current building code requirements.



Project Address: 803 Franklin St., Wausau
 Property owner: Christine Ramcharitar (owner)
 Property manager: Tom Holter - Holter management
 Owner phone number: 347-567-6774
 owner email: Ugot2benad@gmail.com
 Contractor: Nakielski Construction
 Contractor phone # 608-228-8750
 Contractor email: ncsconstructionandservices@gmail.com
 DC: 092100990 ex: 09/07/2026
 DCQ: 082100925 ex: 08/25/2027

SAME DIMENSIONS AS EXISTING DECK

HOUSE

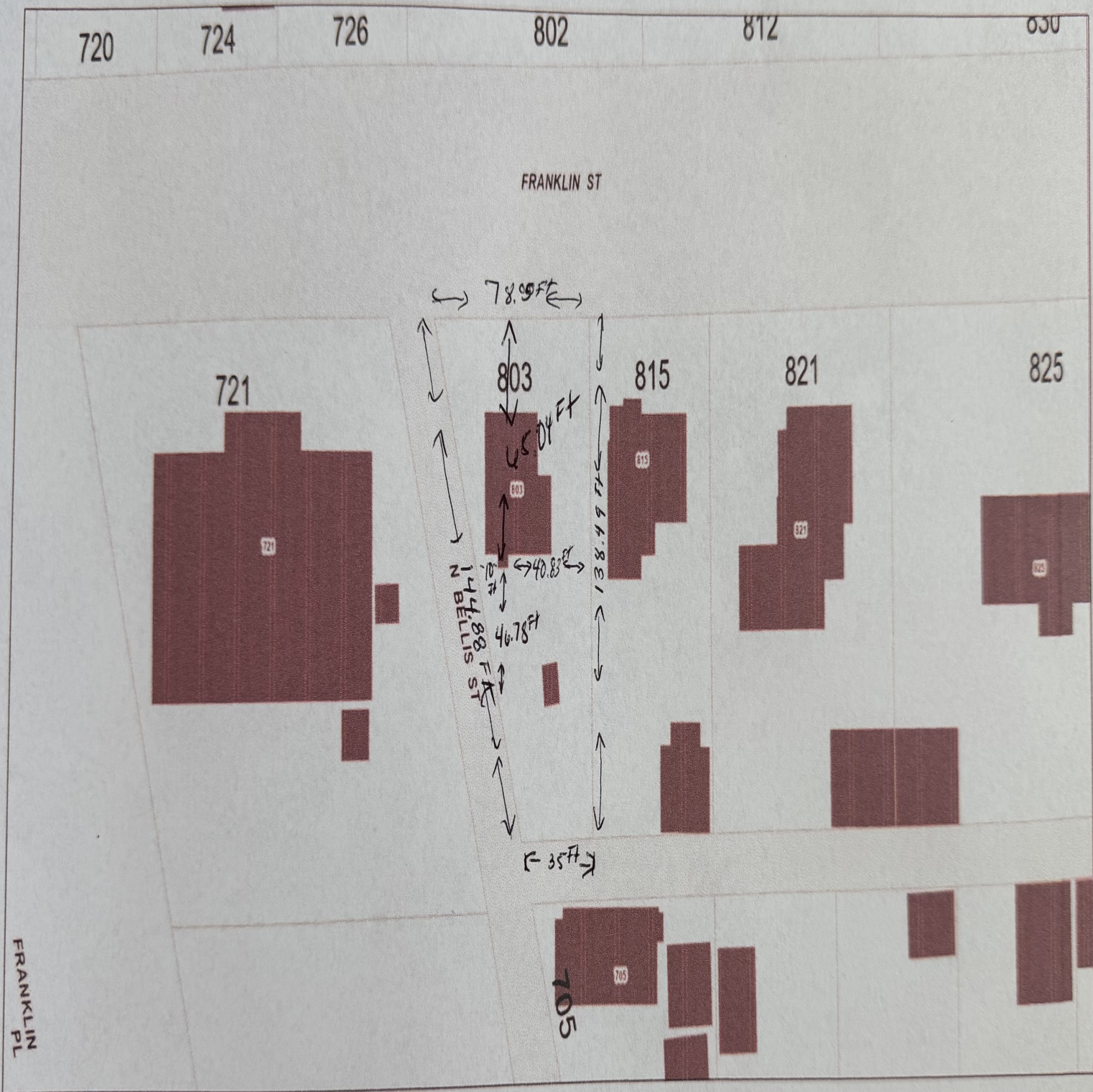


New Green treated 5/4 deck boards
 Blocking for additional structural support
 2" x 12" Joists spaced
 16" O.C. with Simpson brackets
 3 PP75s as footings
 3 ply 2"x12"x17'
 Support beam
 6x6 posts from base to frame
 and from framing to upper roof support

New Stringers installed
 16" O.C. with Simpson brackets

New Green treated
 Failing throughout

ArcGIS Web Map



6/2/2026, 10:58:46 AM

- Municipal Label
- Parcel
- Address Point
- Right Of Way
- Building
- Municipal Boundaries

