

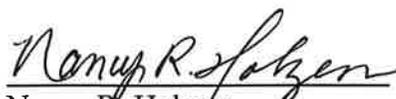


COMMUNITY DEVELOPMENT AUTHORITY MEETING  
CITY OF WISCONSIN DELLS  
APRIL 24, 2017

ITEM 2

Chairperson Borchner called the meeting to order at 5:15P.M. Notice of the meeting was provided to the *Dells Events*, WNNO Radio, and posted in accordance with State Statutes.

1. Present: Chairperson Ben Borchner, Ald. Mike Freel, John Campbell, Lisa Delmore and Joan Ragan  
  
Excused: Ald. Jesse DeFosse and Shaun Tofson  
  
Others: City Clerk/Coordinator Nancy Holzem, City Planner Chris Tollaksen, Volodymyr Vylkov and Ed Legge from the *Dells Events*.
2. Motion by John Campbell seconded by Joan Ragan to approve the April 19, 2017 meeting minutes. Motion carried unanimously.
3. Application for a Building Façade Improvement Grant submitted by Volodymyr Vylkov for the La Petite Creperie at 116½ Broadway was reviewed. The applicant is proposing \$3988 in façade improvements. The location is open space between two buildings that at some point in time was turned into a booth with a service counter. It is its own separate parcel however it is owned by the same person as the building to the right of it. That adjacent building at 116 Broadway is currently not in compliance with the city's sign code as the entire store front is covered in signs. City Planner/Zoning Administrator Chris Tollaksen stated that the property owner was sent notification to comply. Chairperson Borchner stated that the façade grant should be withheld until the owner of the main building complies with the current sign code, stating it would be an opportunity to get things cleaned up. Lisa Delmore questioned whether the buildings next door should even be taken into consideration, noting previous grants issued did not have to address what the adjacent properties looked like. Tollaksen stated that the committee does have leeway since they are giving them funds. Motion by Lisa Delmore seconded by Joan Ragan to approve the application for matching grant funds not to exceed \$2,000. Motion carried 4-1 with Borchner voting no. Funds will be release after paid receipts for the completed work have been turned in. City Clerk Nancy Holzem stated that there is currently \$10,000 remaining in the façade grant program and that hopefully the CDA and City can work together to make more funds available to continue the program.
4. No date was sent for the next meeting.
6. Motion by Ald. Freel seconded by Joan Ragan to adjourn. Motion carried unanimously and the meeting adjourned at 5:35pm.

  
Nancy R. Holzem  
City Clerk/Coordinator

Approved 3-13-17

ITEM 3

*Economic Development Revolving Loan Fund Program*

*Wisconsin Dells, Wisconsin*

**FAÇADE IMPROVEMENT GRANT APPLICATION**

**Business Name:** Brian K. Holzem

**Business Location:** 230 Broadway, Wisconsin Dells, WI 53965

**Applicant/ Business Owner's Name:** Brian K. Holzem

**Address:** 218 Broadway, Wisconsin Dells, WI 53965

**Phone Number:** 608-254-4101 **Email Address:** bkholzem@gmail.com

**Building Owner (if different than applicant):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Project Information Required with Application:**

- Description of proposed façade improvements including existing façade deficiencies, project elements including materials composition and desired outcome for the project.
- Itemized project cost.
- Photographs of the façade to be improved.
- Renderings of the post-construction improvements
- Verification of Building Lease Agreement (if applicable)
- Signed Copy of Landlord Authorization Letter (if applicable)

**Total Anticipated Cost of Qualified Improvements:** \$ 24,986.55

**Amount of Funding Requested (50% not to exceed \$20,000)** \$ 12,493.28

**Certification:**

I hereby certify that to the best of my knowledge and belief, the content of the application is true and correct.

Applicant Signature:  Date: 03/09/2017

**Brian K. Holzem**

218 Broadway  
Wisconsin Dells, WI 53965  
Office 608-254-4101  
Cell 608-963-1873  
E-mail [bkholzem@gmail.com](mailto:bkholzem@gmail.com)

August 28, 2017

Wisconsin Dells Façade Improvement Grant Program  
Attn: Nancy Holzem, City Clerk/Coordinator  
300 LaCrosse Street  
Wisconsin Dells, WI 53965

Re: 230 Broadway Façade Improvement

Dear Ms. Holzem,

Please find enclosed the required lien waivers and paid in full receipts for the contractors used to complete the façade remodeling at 230 Broadway.

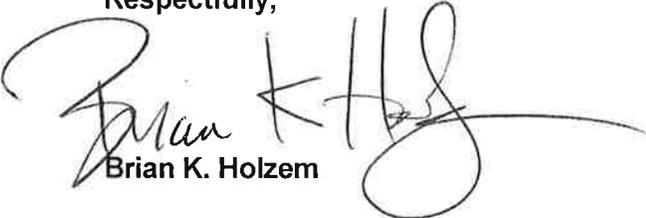
Spring Brook Construction – Exterior work first floor	\$10,487.73
Spring Brook Construction – Second story window	4,498.00
Wisconsin Glass – New storefront door and windows	9,231.25
New Tech Painting – Paint façade upper level	3,093.00
Rainbow Signs – Fascia for transition 1st floor to 2 <sup>nd</sup> story	1,424.25

Total Cost **\$28,734.23**

Requested reimbursement at 50% **\$14,367.12**

If there are any questions, please contact me.

Respectfully,

  
Brian K. Holzem

Approved 4-19-17

ITEM 4

Economic Development Façade Improvement Grant Program      Wisconsin Dells, Wisconsin

**FAÇADE IMPROVEMENT GRANT APPLICATION**

**Business Name:** MACS - MACARONI AND CHEESE SHOP

**Business Location:** 208 BROADWAY

**Applicant/ Business Owner's Name:** NICK & JACKIE MORSE

**Address:** 924 CAPITAL STREET

**Phone Number:** 608-432-2709      **Email Address:** jackie@macandcheeseshop.co

**Building Owner (if different than applicant):** CATHERINE GAVINSKI

**Address:** 1023 BOWMAN ROAD

**Phone Number:** 608-254-2057      **Email Address:** DAN GAVINSKI: dgav@wisconsinducktours.com

**Total Anticipated Cost of Qualified Improvements:** \$ \_\_\_\_\_

**Grant Requested (50% of qualified expenses not to exceed \$20,000) \$** \_\_\_\_\_

**Grant Application Checklist:**

- Photograph(s) of existing façade.
- Description of proposed façade improvements.
- Conceptual rendering(s) of proposed façade improvement. > WILL HAVE BY TUESDAY
- Itemized cost estimates for qualified improvements.
- DRC approval.
- Verification of Building Lease Agreement (if applicable)
- Signed Copy of Landlord Authorization Letter (if applicable)
- \$100 Application Fee po

**Certification:**

I hereby submit this application and all required attachments to the Wisconsin Dells CDA to be considered for their Façade Improvement Grant Program. I certify that to the best of my knowledge and belief, the content of the application is true and correct.

**Disclaimer:**

Neither the City of Wisconsin Dells, the CDA or their affiliates shall be responsible for the planning, design or construction of improvements to property that is owned/leased by the applicant. The applicant is advised to consult with licensed architects, engineers or building contractors before proceeding with final plans or construction. In consideration of the grant awarded by the CDA, the owner and applicant agree to indemnify, defend and hold harmless the City of Wisconsin Dells and the CDA against any claims resulting from anything occurring under the Façade Improvement Grant Program. I understand that monies granted from this program are on a reimbursement basis following completion of all façade improvement work presented and that improvements/changes not approved by the CDA will not be funded.

**Applicant Signature:** Jackie Morse      **Date:** 4-12-17



## Memo

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**To:** Wisconsin Dells CDA – Revolving Loan Fund Committee  
**From:** Chuck Bongard, P.E.  
**Subject:** RLF Application – 321 Broadway Avenue  
**Date:** October 10, 2017

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I have reviewed an application for a loan thru the Economic Development Revolving Loan Program submitted by Jim and Tina Moritz, home address S1743 Herwig Road, Wisconsin Dells. The property for which the loan assistance is being requested is 321 Broadway Avenue in the downtown district.

Background:

The property at this address has 2000 square feet of commercial space on the first floor and is the former site of the Subway sandwich shop. There are two residential apartments on the second floor and storage space in the basement level.

The application submitted includes a signed application, along with an accepted offer to purchase, a building inspection report, a financial statement and three years of tax returns for the couple, a cost summary/proforma and a resume from the couple.

The applicants are requesting a loan of \$100,000 from the revolving loan fund to couple with a \$100,000 loan from the Bank of Wisconsin Dells and \$90,000 of personal equity to acquire and repair the subject property.

Completeness of application:

It is unclear if the applicant has a potential tenant for the commercial space as none was listed in the application. The schedule of collateral was also not completed. The application stated that an appraisal was ordered for the property but not included in the packet.

Alignment with Program Objectives:

RLF Loans are intended to assist with economic development that meets one or more of the following objectives:

**MEMO**

October 10, 2017

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- (1) To encourage the leveraging of new private investment in the community. (Meets)
- (2) To create financial incentives to rehabilitate and maintain business real estate in order to attract and retain new and existing business. (Meets)
- (3) To encourage mixed-use, commercially owned facilities providing retail sales and services and expanded housing opportunity. (Meets)
- (4) To support the downtown and main street revitalization in the City. (Meets)
- (5) To provide financial assistance to existing and prospective business that is accessible and relatively simple to apply. (Meets)
- (6) To expand housing opportunities through conversion of second floor spacing into housing units. (Existing)
- (7) Encourage the development of transitional housing for homeless residents and the hospitality workforce. (Does not meet)
- (8) To increase the tax base of the City. (Uncertain but assumed if the building is upgraded)

Applicant Eligibility:

I find that the Moritz's meet the eligibility requirements listed in the manual.

Activities Eligibility:

The acquisition of land, buildings and improvements as identified in the application are eligible activities under the RLF program.

Design Standards:

The application did not describe exterior improvements to the building with the exception of roof repair. It is assumed that any signage or exterior improvements in the future would need approval from the City.

Criteria for the award of RLF loans:

Criteria for the award of RLF loans shall include, but are not limited to the following:

- 1 Degree of Benefit to Property Located in TID(s)
  - a. Project will add tax base to City. (Only to the extent that the property is improved)

**MEMO**

October 10, 2017

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2 Type of Improvement and Community Need

- a. Commercial (Meets)
- b. Downtown Business (Meets)
- c. General Commercial (Meets)
- d. Mixed-use (Meets)
- e. Residential/Second floor housing (Meets)
- f. Transitional Housing (does not meet)

3 Redevelopment vs. New Development

This would be considered redevelopment

4 Benefits to Community (in addition to added increment)

- A Downtown Revitalization (dependent on improvements made)
- B Job Creation (unclear based on lack of business plan)
- C Needed services or facilities (eg., senior housing, professional) (unclear)
- D Transitional housing opportunities (does not meet)

5 Financial and/or Business Strength of Applicant

- A Creditworthiness
- B Business Plan (None provided)
- C Letters of Intent (None provided)
- D Experience (Some retail experience)
- E Commitment to Community (Strong)

6 Risk of Proposal

Risk would be a loan default which result in the CDA and the Bank owning the property.

7 Performance Guarantee or Collateral (None provided)

8 "But For" Standard

- A Explanation of why the project would not be undertake but for the availability of an RLF loan.
- B Demonstration of quantifiable need for City assistance, so that without the assistance, the proposed project would not occur. The favorable interest rate on the RLF loan strengthens the financial proforma. Without this favorable rate, it is unlikely that the finances work.

9 Dollar Amount To Be Invested and Potential Return

The requested loan amount is \$100,000. The potential return is the repayment of the loan plus interest, the improvement and viability of a downtown space that is currently vacant and some level of premier resort tax based on commercial sales.

10 Project's Financial Feasibility and Viability

The feasibility of the project is highly dependent on the commercial space lease and continued occupancy. Given the items identified for repair in the inspection report, I would consider the amount stated for improvements to the building to be "at a minimum". I have a concern that these costs may be underestimated. The applicant has indicated to me that he has done improvements on other properties and is prepared to invest the sweat equity in this one.

11 Contribution to Premier Resort Tax

Given the lack of a business plan accompanying this application it is unclear what the PRT contribution will be.

Summary and Conclusion:

The application as presented meets the majority of the guidelines of the RLF program. I have been provided no reason to doubt the integrity of the applicant as a recipient for this funding. I do however consider the application to be marginal in terms of financial considerations.

This loan, if approved, would be a Type II loan in excess of \$50,000. The financial proforma provided shows concurrent payments to the Bank and to the RLF with the Revolving Loan Fund being paid back in 8 years. As stated above, I do have concerns that the budget estimated to purchase this property and prepare it for commercial purposes may be too low. The applicant will be motivated to succeed based on the investment of roughly one-third of the cost in his own capital. The personal financial statement and tax returns provided do not indicate that there is additional capital available from the couple to cover the cost of this loan in the event that the business venture is not successful.

# Application Form

## City of Wisconsin Dells TIF Revolving Loan Fund Program

Please Submit Application to:

**Chuck Bongard, Program Administrator**  
**MSA Professional Services, Inc.**  
**1230 South Blvd.**  
**Baraboo, WI 53913**  
**(608) 356-2771**  
**cbongard@msa-ps.com**

**Before completing an application, the applicant is urged to review the “Program Implementation Summary” for the City of Wisconsin Dells Revolving Loan Fund Program which outlines other conditions and requirements of the program. Preference will be given to projects occurring in the Central Business District.**

**A Non-refundable Application Fee of \$100 is due at the time this application is submitted**

### Items that must be included to be a complete application

- Applicant Information
- History and Description of Business
- Financial Information
- Financing Information
- Lender Information
- Schedule of Collateral
- Description of Proposed Work
- Estimated Project Costs
- Authorization to Release Information
- Indemnification Agreement
- Signatures (page 12)
- If you have applied for other local funding programs (i.e.: county, city, state or federal), please provide the complete application from the other source(s).

**Required Attachments. Check Off Each One Submitted Or Not Applicable (NA).**

- Business Plan and Marketing Plan.
- Balance Sheets and Profit and Loss Statements for the past two years.
- Current business financial statement (most-recent income statement and balance sheet)
- Balance Sheets and Profit and Loss Statements projected for the next two years.
- Letters of Commitment of Funds from banks and all lenders participating in the project and terms of the loan(s).
- A copy of existing or proposed lease or purchase agreement or other financing arrangements.
- An independent appraisal on property being acquired that includes before construction value, after construction value, and quick sale value.
- A copy of the deed to the property involved.
- Preliminary plans and specifications (drawn to 1/4 inch scale) covering new construction and cost estimates for machinery and equipment.
- Resumes of the principals involved in the firm.
- If your business is a franchise, include a copy of the franchise agreement and the Franchisor's FTC Disclosure Statement.
- Current personal financial statement for each owner, partner, and each stockholder with 20% or more ownership of the business.
- Corporation's Certificate of Good Standing. If a Partnership is involved, provide a Partnership Agreement and a Certificate as to Partners.
- Is any officer, director or controlling group of the City of Wisconsin Dells City Council or a City committee an officer, director or holder of any direct or indirect pecuniary interest in the business?  No  Yes
- Description of Proposed Work
- Applications to other sources of local funding.

Please identify the purpose of this application for assistance.

- 1. CREDIT IS NOT OTHERWISE AVAILABLE  
If checked, a letter from a financial institution stating this fact **MUST** be attached.
- 2. INCENTIVE TO LOCATE  
If checked, please provide a letter (on company letterhead) defining why the incentive is required  
*resume attached*

# APPLICANT INFORMATION

\*\*\*\*\*

Company Name James and Tina Moritz Telephone # 608 434 8458

Address 51743 Herwig Rd

City Wisconsin Dells State WI Postal Code 53965

Date Established \_\_\_\_\_ Name of Franchise (if Applicable) \_\_\_\_\_

Type of Entity:

- CORPORATION "S" OR "C"
- Sole Proprietorship (d/b/a)
- General Partnership
- Limited Partnership
- Other: (explain)

**OWNERSHIP OF APPLICANT COMPANY**

List below all owners, partners, and stockholders with 20% or more ownership interest

Name <u>James J Moritz Jr</u>	Name <u>Tina Moritz</u>
Title <u>owner</u>	Title <u>owner</u>
Address <u>51743 Herwig Rd</u>	Address <u>51743 Herwig Rd</u>
City, State, Zip <u>Wis Dells WI 53965</u>	City, State, Zip <u>Wis Dells WI 53965</u>
Telephone <u>608 434 8458</u>	Telephone <u>608 434 8462</u>
Percent Ownership <u>50%</u>	Percent Ownership <u>50%</u>
Social Security No. <u>[REDACTED]</u>	Social Security No. <u>[REDACTED]</u>

Name _____	Name _____
Title _____	Title _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Telephone _____	Telephone _____
Percent Ownership _____	Percent Ownership _____
Social Security No. _____	Social Security No. _____

(If additional owners, please attach on a separate sheet)

# HISTORY AND DESCRIPTION OF BUSINESS

\*\*\*\*\*

1. Is project location different from your company's location?  YES  NO

If yes, please provide Project Location Street 321 Broadway  
City Wausconsin Dells State WI ZIP 53965

2. Company's Federal I.D. Number \_\_\_\_\_

Is your company a  New Business  Existing/Expanding Business

Is the project a relocation of your business?  Yes  No  
If yes, where is it relocating from? \_\_\_\_\_

3. Briefly describe the type of service your business will provide.

2000 sq ft on Main level will be leased out at \$20/sqft per year. To a business that is year round open.

4. Provide a detailed description of your proposed project.

To acquire property, and repair roof, and remodel inside for leasee.  
Fix plumbing issue in basement.

5. Provide a brief history of your company.

We have purchased two other properties in the past and have remodeled them for Community improvement.

6. What date will the project begin? 1/8/18

Has any part of the project been started?

Yes       No

7. For what purposes are you requesting the loan funds (check all that apply)?

- Interior and exterior remodeling
- Code compliance; enforcement
- Acquisition of land, buildings and improvements
- Housing on upper levels
- Mixed-use facilities
- Facade renovation
- Acquisition /demolition associated with or to be implemented in conjunction with an approved activity
- Leasehold improvements - purchasing and installing fixture property
- Repairing or replacing an existing roof or installing new roof
- Structural Repair: Upgrading street level and upper floors to useable condition, and repairing or replacing mechanical systems
- New Construction: Building appropriate in-fill construction, but only when existing buildings cannot be utilized
- Professional design or architectural services in conjunction with an approved completed project
- Utility improvements required associated or to be implemented in conjunction with an approved activity.
- Other activity as approved or recommended by CDA (please explain).

8. Who are the KEY people involved in the operation of your company (please attach resumes)?

James Moritz Jr and Tina Moritz

9. Is the company a franchise?       Yes       No

If yes, include a copy of the franchise agreement.

10. How often are financials prepared and by whom?

Yearly by Richard Mamer

11. Please identify all financial participants involved with this project and their corresponding contact information.

James Moritz Jr, Tina Moritz, +  
Bank of Wisconsin Dells (~~and~~ Scott Rockwell)

12. Who would be considered your main competitors and where are they located?

No real competitors, just other businesses working together to make downtown better

13. What markets are targeted or served?

The locals and tourist who visit the  
Downtown business district

14. What type of marketing program will you use?

Mainly partnering with the Wisconsin  
Dells Visitor Bureau.

# FINANCIAL INFORMATION

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## PROFESSIONAL ASSISTANCE

Accountant's Name Richard Mamer Attorney's Name \_\_\_\_\_  
Firm Richard Mamer CPA Firm \_\_\_\_\_  
Address 1027 E Main St Address \_\_\_\_\_  
City, State, Zip Merrill WI 54452 City, State, Zip \_\_\_\_\_  
Telephone 715-536-8328 Telephone \_\_\_\_\_  
Contact Richard Mamer Contact \_\_\_\_\_

## BANK REFERENCES (Business and Personal)

Name Scott Rockwell Name Linda Schojinski  
Address 716 Superior St Address 716 Superior St  
City, State, Zip Wis Dells WI 53965 City, State, Zip Wis Dells WI 53965  
Telephone 608 254-3002 Telephone 608 253-1111  
Contact srock@dellsbank.com Contact \_\_\_\_\_

## INSURANCE COMPANY

Contact Dan Lichte Telephone 608 524 3113

# FINANCING INFORMATION

\*\*\*\*\*

## PROJECT SOURCES AND USES

	Source A	Source B	Source C	Source D	Source E
Land Acquisition	\$ 100,000	\$ 100,000	\$ 65,000	\$	\$
New Building Construction	\$	\$	\$	\$	\$
Existing Land and Building	\$	\$	\$	\$	\$
Building Improvements/Repairs	\$	\$	\$ 15,000	\$	\$
Acquisition of Machinery/Equipment	\$	\$	\$	\$	\$
Acquisition of Furniture/Fixtures	\$	\$	\$	\$	\$
Inventory Purchase	\$	\$	\$	\$	\$
Working Capital	\$	\$	\$ 10,000	\$	\$
Other (Identify)	\$	\$	\$	\$	\$
<b>TOTAL PROJECT AMOUNT</b>	\$ 100,000	\$ 100,000	\$ 90,000	\$	\$

**SOURCE A** BOD Comm Loan Amount \$ 100,000 Term 15 Yrs 5.25 Rate %  
**SOURCE B** Wisconsin Dells RLF Amount \$ 100,000 Term 7-10 Yrs 2 Rate %  
**SOURCE C** OWNERS EQUITY Amount \$ 90,000 Term \_\_\_\_\_ Yrs \_\_\_\_\_ Rate %  
**SOURCE D** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Term \_\_\_\_\_ Yrs \_\_\_\_\_ Rate %  
**SOURCE E** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Term \_\_\_\_\_ Yrs \_\_\_\_\_ Rate %

- Has the loan with your financial institution been finalized?  Yes  No  
 If no, have you received preliminary Approval? Yes
- Have any of the funds from the financial institution been disbursed?  
 Yes  No  
 If yes, how much? \$ \_\_\_\_\_

# LENDER INFORMATION

For Projects over \$50,000

\*\*\*\*\*

## Preliminary Approval

Lending Institution: Bank of Wisconsin Dells

Amount Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Bank Officer Signature: \_\_\_\_\_

## Final Approval:

Amount Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Bank Officer's Signature: \_\_\_\_\_

\*\*Applicants must select one of the four participating banks (see EDRLF Manual)

# SCHEDULE OF COLLATERAL

\*\*\*\*\*

**SECURITY**

26. What type of security and in what amount will the assisted business provide to the City?

MORTGAGE \$ \_\_\_\_\_ What Position? \_\_\_\_\_  
 PERSONAL PROPERTY \$ \_\_\_\_\_ What Position? \_\_\_\_\_  
 PERSONAL GUARANTEE \$ \_\_\_\_\_  
 OTHER \$ \_\_\_\_\_

**REAL ESTATE**

LIST PARCELS OF REAL ESTATE					
Address	Year Acquired	Original Cost	Market Value	Amount of Lien	Name of Lien Holder

Attach a copy of the deed(s) containing a full legal description of the land (if the land is to be used to secure this loan).

**ATTACH PHOTO (IF AVAILABLE)**

**PERSONAL PROPERTY**

All items listed must show the manufacturer or make model, year, and serial number. Items with no serial number must be clearly identified.

LIST ITEMS TO BE PROVIDED AS COLLATERAL					
Name	Year Acquired	Original Cost	Market Value	Amount of Lien	Name of Lien Holder

## DESCRIPTION OF PROPOSED WORK

\*\*\*\*\*

Please submit the following information:

1. Photograph(s) of the building, which show the present, exterior form and condition of the structure. Provide an overall view of each facade or interior to be treated, as well as more detailed views of individual areas or architectural detail to be affected (such as: storefront, interior remodeling, upper floor windows, cornices). Black and white or color prints, snapshots, slides or instant prints are all acceptable.
2. Drawings, sketches or plans (DRAWN TO ¼ INCH SCALE) of the building, which illustrate all proposed work. This includes any structural work or repair, facade renovation, installation of fixtures, interior renovating, paint colors, awnings, signage, etc.
3. A description of the methods and materials to be used in the proposed work. Please use the forms provided and include such items as methods of exterior cleaning, cleaning agents to be used; mortar color, texture, and consistency, and paint type (oil or latex), color and etc. (See attached form)
4. Itemized cost estimates and work schedules for the entire project. Please organize these estimates on the provided sheets to show amounts to be spent for facade renovation, interior renovation, purchase, roofing, etc.

Inspection report included and appraisal  
ordered.

## ESTIMATED PROJECT COSTS

\*\*\*\*\*

Interior and exterior remodeling	\$	10,000
Code compliance; enforcement	\$	
Acquisition of land, buildings and improvements	\$	265,000
Housing on upper levels	\$	
Mixed-use facilities	\$	
Facade renovation	\$	
Acquisition /demolition	\$	
Leasehold improvements	\$	
Roof repair	\$	10,000
Structural Repair	\$	
New Construction	\$	
Professional design or architectural services	\$	
Utility improvements <i>Plumbing</i>	\$	5,000
Other (Identify)	\$	
TOTAL ESTIMATED PROJECT AMOUNT		\$ 290,000
TOTAL RLF LOAN REQUESTED		\$ 100,000
CASH/EQUITY TO BE COMMITTED		\$ 190,000
Source of Equity: Cash from personal resources	\$	90,000
Cash from Business	\$	
Other Sources of Equity: <i>BoFD</i>	\$	100,000
	\$	

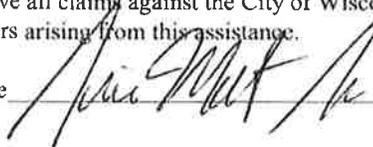
# AUTHORIZATION TO RELEASE INFORMATION

\*\*\*\*\*

I/we hereby authorize the City of Wisconsin Dells or any of its affiliates/support agencies to make all inquiries it deems necessary to verify the accuracy of the information provided herein, and to determine my/our credit worthiness for any purpose related to our credit transaction with them. I/we hereby certify that the enclosed application information including attachments/exhibits is valid and correct to the best of my/our knowledge.

I/we hereby authorize the City of Wisconsin Dells and any of its affiliates/support agencies to furnish relevant information to all necessary sources including various federal, state and conventional funding opportunities to obtain the best sources for the project

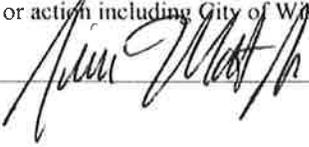
I we further agree that I shall indemnify and hold the City of Wisconsin Dells and any of its affiliates/support agencies harmless from any claim or cause of action arising because of incorrect, inaccurate or incomplete information furnished by me/us, whether the furnishing of such incorrect, inaccurate or incomplete information was accidental or intentional and in consideration of the City of Wisconsin Dells and any of its affiliates/support agencies' assistance, I/we waive all claims against the City of Wisconsin Dells and any of its affiliates/support agencies, its personnel or counselors arising from this assistance.

Signature  Date 10/6/17

## INDEMNIFICATION AGREEMENT

BORROWER(S) hereby agree to indemnify and hold harmless the City of Wisconsin Dells and any of its affiliates/support agencies from and against any liabilities, losses, damages, suits, judgments, counsel fees, or costs arising attributable to the release, discharge, manufacture, production, storage or disposal or the presence of hazardous toxic substances, on, or under borrower's property or property in which the borrow has an interest and based upon claims assertible by local, state, and federal governmental authority or other third parties against the City of Wisconsin Dells and any of its affiliates/support agencies.

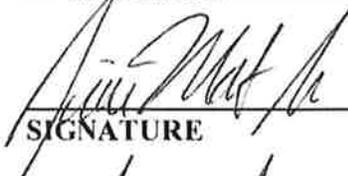
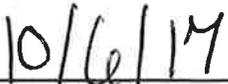
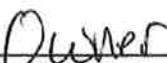
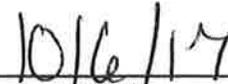
This indemnification will specifically survive, and is entirely independent of; the debtor's contractual obligation to repay the primary obligation held by City of Wisconsin Dells and any of its affiliates/support agencies as amended, extended, or renewed by City of Wisconsin Dells and any of its affiliates/support agencies prepayment in full of the borrower's indebtedness City of Wisconsin Dells and any of its affiliates/support agencies; and release of City of Wisconsin Dells and any of its affiliates/support agencies liens on the borrower's real or personal property by payment, foreclosure, or action including City of Wisconsin Dells and any of its affiliate's discretionary abandonment of lien.

Signature  Date 10/6/17

# APPLICANT SIGNATURE

\*\*\*\*\*

All information contained herein is TRUE and CORRECT to the best of my knowledge.

 SIGNATURE	 TITLE	 DATE
 SIGNATURE	 TITLE	 DATE

S1743 Herwig Road  
Wisconsin Dells, Wisconsin 53965  
(608) 434-8458, (608) 434-8462  
[d4444@hotmail.com](mailto:d4444@hotmail.com), [tina.moritz16@gmail.com](mailto:tina.moritz16@gmail.com)

# Jim and Tina Moritz

---

## SKILLS

Within our history together we have worked to rehab two homes, build a third, and work to become participating members of the Reedsburg, Wisconsin Dells, and Baraboo communities through coaching and other various volunteer work.

## EXPERIENCE

### **Direct Tools, Outlets at the Dells – Assistant Store Manager, Jim**

October 2013 – PRESENT

- Excelling in store operations including leading a team to increase sales by over 20 % within first year of hire
- Maintaining inventory and driving merchandising efficiencies
- Overseeing upgrades and installations of Teamwork POS through iPad technologies
- Troubleshooting and managing technical difficulties
- Maintaining a high standard of customer service while adhering to company policies
- Driving performance and profits while working hands-on

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- Developing and maintaining curriculum for the 6th, 7th, and 8th grade Language Arts classes and Algebra
- Caring for the social, emotional, and physical needs of developing minds
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- Reaching to improve independent capabilities of instructions and professional development
- Development and maintenance of school google program and independent teacher website

### **Wild Rock Golf Course, Wisconsin Dells – Banquet Captain, Tina**

April 2010 – Present

- Lead and maintain communication amongst employees and hosts through events hosted at Wild Rock Golf Course at the Wilderness
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- Attending to the needs of patrons and hosts, while serving food and beverage
- Assisting or leading set-up and tear down of events based upon maps and/or other communication imparted by the detailers

## **EDUCATION**

**University of Wisconsin Oshkosh, Wisconsin** – *Bachelor of Science in Education*

September 2000 - August 2005

Major-Broadfield Social Sciences, Minor-Economics

## **FAMILY**

Our greatest and most important time is spent with our two boys. We spend much of the year coaching them in ball, whatever the season is and keeping after reading. In their younger years we spent much of our summers with the Wisconsin Dells Recreation Program and Thad Meister, as well as the Kilbourne Libraries Summer Reading Program.

We have spent little time attending to the financial growth of our family however, and feel it is both timely and pertinent to do so at this venture. We have both the ambition and fortitude to see this become a family "heirloom" fitting within the historic nature of the Wisconsin Dells itself.

**Costs of Project**

	Year1	Year2	Year3
Acquisition	\$265,000	0	0
Roof	\$10,000	0	0
Plumbing	\$1,000	0	0
Insurance per year	\$2,000	\$2,000	\$2,000
Taxes per year	\$6,500	\$6,500	\$6,500
Loan Payments per year	\$22,800	\$22,800	\$22,800
RLF\$15,600+BoD\$7,200			
Yearly Totals	\$307,300	\$31,300	\$31,300
Total Investment	\$307,300	\$338,600	\$369,900

**INCOME**

Upstairs Apartments	\$14,400	\$14,400	\$14,400
\$600/month x2			
Main Floor Lease	\$36,000	\$36,000	\$36,000
\$18sqft x 2,000sqft			
Total Income	\$50,400	\$50,400	\$50,400
Investment –Income	(\$256,900)	(\$237,800)	(\$218,700)
Year4	Year5	Year6	Year7
(\$199,600)	(\$180,500)	(\$161,400)	(\$142,300)
Year8(1 <sup>st</sup> yr RLF Paid off)	Year9	Year10	Year11
(\$107,600)	(\$72,900)	(\$38,200)	(3,500)

# Application Form

## City of Wisconsin Dells TIF Revolving Loan Fund Program

Please Submit Application to:

**Chuck Bongard, Program Administrator**  
**MSA Professional Services, Inc.**  
**1230 South Blvd.**  
**Baraboo, WI 53913**  
**(608) 356-2771**  
**cbongard@msa-ps.com**

**Before completing an application, the applicant is urged to review the “Program Implementation Summary” for the City of Wisconsin Dells Revolving Loan Fund Program which outlines other conditions and requirements of the program. Preference will be given to projects occurring in the Central Business District.**

**A Non-refundable Application Fee of \$100 is due at the time this application is submitted**

### Items that must be included to be a complete application

- Applicant Information
- History and Description of Business
- Financial Information
- Financing Information
- Lender Information
- Schedule of Collateral
- Description of Proposed Work
- Estimated Project Costs
- Authorization to Release Information
- Indemnification Agreement
- Signatures (page 12)
- If you have applied for other local funding programs (i.e.: county, city, state or federal), please provide the complete application from the other source(s).

**Required Attachments. Check Off Each One Submitted Or Not Applicable (NA).**

- Business Plan and Marketing Plan.
- Balance Sheets and Profit and Loss Statements for the past two years.
- Current business financial statement (most-recent income statement and balance sheet)
- Balance Sheets and Profit and Loss Statements projected for the next two years.
- Letters of Commitment of Funds from banks and all lenders participating in the project and terms of the loan(s).
- A copy of existing or proposed lease or purchase agreement or other financing arrangements.
- An independent appraisal on property being acquired that includes before construction value, after construction value, and quick sale value.
- A copy of the deed to the property involved.
- Preliminary plans and specifications (drawn to ¼ inch scale) covering new construction and cost estimates for machinery and equipment.
- Resumes of the principals involved in the firm.
- If your business is a franchise, include a copy of the franchise agreement and the Franchisor's FTC Disclosure Statement.
- Current personal financial statement for each owner, partner, and each stockholder with 20% or more ownership of the business.
- Corporation's Certificate of Good Standing. If a Partnership is involved, provide a Partnership Agreement and a Certificate as to Partners.
- Is any officer, director or controlling group of the City of Wisconsin Dells City Council or a City committee an officer, director or holder of any direct or indirect pecuniary interest in the business?  No  Yes
- Description of Proposed Work
- Applications to other sources of local funding.

Please identify the purpose of this application for assistance.

- 1. CREDIT IS NOT OTHERWISE AVAILABLE  
If checked, a letter from a financial institution stating this fact **MUST** be attached.
- 2. INCENTIVE TO LOCATE  
If checked, please provide a letter (on company letterhead) defining why the incentive is required  
*resume attached*

# APPLICANT INFORMATION

\*\*\*\*\*

Company Name James and Tina Moritz Telephone # 608 434 8458

Address 51743 Herwig Rd

City Wisconsin Dells State WI Postal Code 53965

Date Established \_\_\_\_\_ Name of Franchise (if Applicable) \_\_\_\_\_

Type of Entity:

- CORPORATION "S" OR "C"
- Sole Proprietorship (d/b/a)
- General Partnership
- Limited Partnership
- Other: (explain)

**OWNERSHIP OF APPLICANT COMPANY**

List below all owners, partners, and stockholders with 20% or more ownership interest.

Name James J Moritz Jr Name Tina Moritz

Title owner Title owner

Address 51743 Herwig Rd Address 51743 Herwig Rd

City, State, Zip Wis Dells WI 53965 City, State, Zip Wis Dells WI 53965

Telephone 608 434 8458 Telephone 608 434 8462

Percent Ownership 50% Percent Ownership 50%

Social Security No. 393 88 4495 Social Security No. 397 -96 - 4087

Name \_\_\_\_\_ Name \_\_\_\_\_

Title \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

Percent Ownership \_\_\_\_\_ Percent Ownership \_\_\_\_\_

Social Security No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

(If additional owners, please attach on a separate sheet)

# HISTORY AND DESCRIPTION OF BUSINESS

\*\*\*\*\*

1. Is project location different from your company's location?  YES  NO

If yes, please provide Project Location Street 321 Broadway  
City WISCONSIN DELLS State WI ZIP 53965

2. Company's Federal I.D. Number \_\_\_\_\_

Is your company a  New Business  Existing/Expanding Business

Is the project a relocation of your business?  Yes  No  
If yes, where is it relocating from? \_\_\_\_\_

3. Briefly describe the type of service your business will provide.

2000 sq ft on Main level will be leased out at \$20/sqft per year. To a business that is year round open.

4. Provide a detailed description of your proposed project.

To acquire property, and repair roof, and remodel inside for leasee.

Fix plumbing issue in basement.

5. Provide a brief history of your company.

We have purchased two other properties in the past and have remodeled them for Community improvement.

6. What date will the project begin? 1/8/18

Has any part of the project been started?

Yes       No

7. For what purposes are you requesting the loan funds (check all that apply)?

- Interior and exterior remodeling
- Code compliance; enforcement
- Acquisition of land, buildings and improvements
- Housing on upper levels
- Mixed-use facilities
- Facade renovation
- Acquisition /demolition associated with or to be implemented in conjunction with an approved activity
- Leasehold improvements - purchasing and installing fixture property
- Repairing or replacing an existing roof or installing new roof
- Structural Repair: Upgrading street level and upper floors to useable condition, and repairing or replacing mechanical systems
- New Construction: Building appropriate in-fill construction, but only when existing buildings cannot be utilized
- Professional design or architectural services in conjunction with an approved completed project
- Utility improvements required associated or to be implemented in conjunction with an approved activity.
- Other activity as approved or recommended by CDA (please explain).

8. Who are the KEY people involved in the operation of your company (please attach resumes)?

James Moritz Jr and Tina Moritz

9. Is the company a franchise?       Yes       No

If yes, include a copy of the franchise agreement.

10. How often are financials prepared and by whom?

Yearly by Richard Mamen

11. Please identify all financial participants involved with this project and their corresponding contact information.

James Moritz Jr, Tina Moritz, +  
Bank of Wisconsin Dells (~~area~~ Scott Rockwell)

12. Who would be considered your main competitors and where are they located?

No real competitors, just other businesses working together to make downtown better

13. What markets are targeted or served?

The locals and tourist who visit the  
Downtown business district

14. What type of marketing program will you use?

Mainly partnering with the Wisconsin  
Dells Visitor Bureau.

# FINANCIAL INFORMATION

\*\*\*\*\*

## PROFESSIONAL ASSISTANCE

Accountant's Name Richard Mamer Attorney's Name \_\_\_\_\_  
Firm Richard Mamer CPA Firm \_\_\_\_\_  
Address 1027 E Main St Address \_\_\_\_\_  
City, State, Zip Merrill WI 54452 City, State, Zip \_\_\_\_\_  
Telephone 715-536-8328 Telephone \_\_\_\_\_  
Contact Richard Mamer Contact \_\_\_\_\_

## BANK REFERENCES (Business and Personal)

Name Scott Rockwell Name Linda Schajinski  
Address 716 Superior St Address 716 Superior St  
City, State, Zip Wis Dells WI 53965 City, State, Zip Wis Dells WI 53965  
Telephone 608 254-3602 Telephone 608-253-1111  
Contact srock@dellsbank.com Contact \_\_\_\_\_

## INSURANCE COMPANY

Contact Don Lichte Telephone 608 524 3113

# FINANCING INFORMATION

\*\*\*\*\*

## PROJECT SOURCES AND USES

	Source A	Source B	Source C	Source D	Source E
Land Acquisition	\$ 100,000	\$ 100,000	\$ 65,000	\$	\$
New Building Construction	\$	\$	\$	\$	\$
Existing Land and Building	\$	\$	\$	\$	\$
Building Improvements/Repairs	\$	\$	\$ 15,000	\$	\$
Acquisition of Machinery/Equipment	\$	\$	\$	\$	\$
Acquisition of Furniture/Fixtures	\$	\$	\$	\$	\$
Inventory Purchase	\$	\$	\$	\$	\$
Working Capital	\$	\$	\$ 10,000	\$	\$
Other (Identify)	\$	\$	\$	\$	\$
<b>TOTAL PROJECT AMOUNT</b>	\$ 100,000	\$ 100,000	\$ 90,000	\$	\$

**SOURCE A** BOD Comm Loan Amount \$ 100,000 Term 15 Yrs 5.25 Rate %  
**SOURCE B** Wisconsin Dells RLF Amount \$ 100,000 Term 7-10 Yrs 2 Rate %  
**SOURCE C** OWNERS EQUITY Amount \$ 90,000 Term \_\_\_\_\_ Yrs \_\_\_\_\_ Rate %  
**SOURCE D** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Term \_\_\_\_\_ Yrs \_\_\_\_\_ Rate %  
**SOURCE E** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Term \_\_\_\_\_ Yrs \_\_\_\_\_ Rate %

1. Has the loan with your financial institution been finalized?  Yes  No  
 If no, have you received preliminary Approval? Yes
  
2. Have any of the funds from the financial institution been disbursed?  
 Yes  No  
 If yes, how much? \$ \_\_\_\_\_

# LENDER INFORMATION

For Projects over \$50,000

\*\*\*\*\*

## Preliminary Approval

Lending Institution: Bank of Wisconsin Dells

Amount Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Bank Officer Signature: \_\_\_\_\_

## Final Approval:

Amount Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Bank Officer's Signature: \_\_\_\_\_

\*\*Applicants must select one of the four participating banks (see EDRLF Manual)



## DESCRIPTION OF PROPOSED WORK

\*\*\*\*\*

Please submit the following information:

1. Photograph(s) of the building, which show the present, exterior form and condition of the structure. Provide an overall view of each facade or interior to be treated, as well as more detailed views of individual areas or architectural detail to be affected (such as: storefront, interior remodeling, upper floor windows, cornices). Black and white or color prints, snapshots, slides or instant prints are all acceptable.
2. Drawings, sketches or plans (DRAWN TO ¼ INCH SCALE) of the building, which illustrate all proposed work. This includes any structural work or repair, facade renovation, installation of fixtures, interior renovating, paint colors, awnings, signage, etc.
3. A description of the methods and materials to be used in the proposed work. Please use the forms provided and include such items as methods of exterior cleaning, cleaning agents to be used; mortar color, texture, and consistency, and paint type (oil or latex), color and etc. (See attached form)
4. Itemized cost estimates and work schedules for the entire project. Please organize these estimates on the provided sheets to show amounts to be spent for facade renovation, interior renovation, purchase, roofing, etc.

Inspection report included and appraisal  
ordered.

## ESTIMATED PROJECT COSTS

\*\*\*\*\*

Interior and exterior remodeling	\$	10,000
Code compliance; enforcement	\$	
Acquisition of land, buildings and improvements	\$	265,000
Housing on upper levels	\$	
Mixed-use facilities	\$	
Facade renovation	\$	
Acquisition /demolition	\$	
Leasehold improvements	\$	
Roof repair	\$	10,000
Structural Repair	\$	
New Construction	\$	
Professional design or architectural services	\$	
Utility improvements <i>Plumbing</i>	\$	5,000
Other (Identify)	\$	
TOTAL ESTIMATED PROJECT AMOUNT		\$ 290,000
TOTAL RLF LOAN REQUESTED		\$ 100,000
CASH/EQUITY TO BE COMMITTED		\$ 190,000
Source of Equity: Cash from personal resources	\$	90,000
Cash from Business	\$	
Other Sources of Equity: <i>BoFD</i>	\$	100,000
	\$	

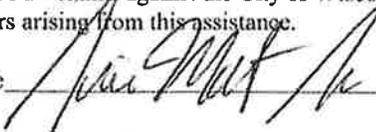
# AUTHORIZATION TO RELEASE INFORMATION

\*\*\*\*\*

I/we hereby authorize the City of Wisconsin Dells or any of its affiliates/support agencies to make all inquiries it deems necessary to verify the accuracy of the information provided herein, and to determine my/our credit worthiness for any purpose related to our credit transaction with them. I/we hereby certify that the enclosed application information including attachments/exhibits is valid and correct to the best of my/our knowledge.

I/we hereby authorize the City of Wisconsin Dells and any of its affiliates/support agencies to furnish relevant information to all necessary sources including various federal, state and conventional funding opportunities to obtain the best sources for the project

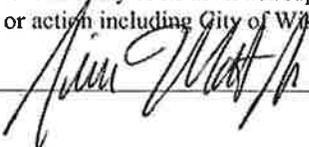
I we further agree that I shall indemnify and hold the City of Wisconsin Dells and any of its affiliates/support agencies harmless from any claim or cause of action arising because of incorrect, inaccurate or incomplete information furnished by me/us, whether the furnishing of such incorrect, inaccurate or incomplete information was accidental or intentional and in consideration of the City of Wisconsin Dells and any of its affiliates/support agencies' assistance, I/we waive all claims against the City of Wisconsin Dells and any of its affiliates/support agencies, its personnel or counselors arising from this assistance.

Signature  Date 10/6/17

## INDEMNIFICATION AGREEMENT

BORROWER(S) hereby agree to indemnify and hold harmless the City of Wisconsin Dells and any of its affiliates/support agencies from and against any liabilities, losses, damages, suits, judgments, counsel fees, or costs arising attributable to the release, discharge, manufacture, production, storage or disposal or the presence of hazardous toxic substances, on, or under borrower's property or property in which the borrow has an interest and based upon claims assertible by local, state, and federal governmental authority or other third parties against the City of Wisconsin Dells and any of its affiliates/support agencies.

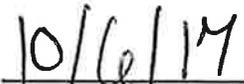
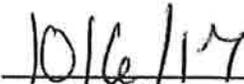
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Year8(1 <sup>st</sup> yr RLF Paid off)	Year9	Year10	Year11
(\$107,600)	(\$72,900)	(\$38,200)	(3,500)

# INSPECTION REPORT

321 Broadway Ave  
Wisconsin Dells , Wisconsin 53965

Prepared for: *Jim Moritz*

Prepared by: *Wisconsin Home Inspections Plus LLC  
Wisconsin Home Inspections Plus LLC  
Reedsburg, Wisconsin 53959  
Ed Catterson, License No. 961-106  
608-524-0040*

# Wisconsin Home Inspections Plus LLC

18:15 October 05, 2017  
321 Broadway Ave

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5445AptWisDells.inspx

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<b>Bathroom</b>	<b>4</b>
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# Wisconsin Home Inspections Plus LLC

18:15 October 05, 2017  
321 Broadway Ave

Page 2 of 10  
5445AptWisDells.inspx

## Definitions

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**NOTE:** All definitions listed below refer to the property or item listed as inspected on this report at the time of inspection

<b>Acceptable</b>	<b>Functional with no obvious signs of defect.</b>
<b>Not Present</b>	<b>Item not present or not found.</b>
<b>Not Inspected</b>	<b>Item was unable to be inspected for safety reasons or due to lack of power, inaccessible, or disconnected at time of inspection.</b>
<b>Marginal</b>	<b>Item is not fully functional and requires repair or servicing.</b>
<b>Defective</b>	<b>Item needs immediate repair or replacement. It is unable to perform its intended function.</b>

## General Information

---

### Property Information

---

**Property Address** 321 Broadway Ave  
**City** Wisconsin Dells **State** Wisconsin **Zip** 53965  
**Contact Name** Sean Sweeney  
**Phone** 608-448-9127  
**Fax**

### Client Information

---

**Client Name** Jim Moritz  
**Client Address**  
**City State Zip**  
**Phone** 608-434-8458  
**Fax**  
**E-Mail** d4444@hotmail.com

### Inspection Company

---

**Inspector Name** Edward Catterson  
**Company Name** Wisconsin Home Inspections Plus LLC  
**Address** Wisconsin Home Inspections Plus LLC  
**City** Reedsburg **State** Wisconsin **Zip** 53959  
**Phone** 608-524-0040  
**Fax**  
**E-Mail** edcatwhipllc@gmail.com  
**File Number** 5445Apt  
**Amount Received** \$550

### Conditions

---

**Others Present** Buyer's Agent and Buyer **Property Occupied** Occupied  
**Estimated Age** 1930 **Entrance Faces** South  
**Inspection Date** 10/5/17  
**Start Time** 3:30 pm **End Time** 5:15 pm

**General Information (Continued)**

**Electric On** Yes  
**Gas/Oil On** Yes  
**Water On** Yes  
**Temperature** 65 degrees  
**Weather** Cloudy **Soil Conditions** Dry  
**Space Below Grade** Basement  
**Building Type** Business and apartments **Garage** None  
**Sewage Disposal** City **How Verified** Multiple Listing Service  
**Water Source** City **How Verified** Multiple Listing Service

**Electrical**

- 1. **Service Size Amps:** 100 **Volts:** 220-240 VAC
- 2. Acceptable **Service:** Aluminum
- 3. Acceptable **120 VAC Branch Circuits:** Copper
- 4. Acceptable **240 VAC Branch Circuits:** Copper
- 5. Acceptable **Conductor Type:** Romex
- Kitchen Back Apt Electric Panel**
- 6. Acceptable **Manufacturer:** Cutler-Hammer



- 7. **Maximum Capacity:** 100 Amps
- 8. Acceptable **Main Breaker Size:** 100 Amps: Located at the meters.
- 9. Acceptable **Breakers:** Copper and Aluminum
- 10. Acceptable **AFCI:** 110 volt
- 11. Acceptable **GFCI:** At GFCI receptacles only
- 12. **Is the panel bonded?** No Sub panels should not be bonded
- Front Apt Electric Panel**

- 13. Acceptable **Manufacturer:** Cutler-Hammer



- 14. **Maximum Capacity:** 100 Amps
- 15. Acceptable **Main Breaker Size:** 100 Amps: Located at the meters,
- 16. Acceptable **Breakers:** Copper and Aluminum
- 17. Acceptable **GFCI:** At GFCI receptacles only
- 18. **Is the panel bonded?** No Sub panels should not be bonded

## Heating System

### Individual rooms Heating System

1. Acceptable **Heating System Operation:** Appears functional
2. **Manufacturer:** Unknown manufacturer
3. **Type:** Electrical baseboard **Capacity:** Not labeled
4. **Area Served:** Individual rooms **Approximate Age:** 10 years
5. **Fuel Type:** Electric
6. **Unable to Inspect:** 50%
7. Acceptable **Distribution:** Baseboard
8. Acceptable **Thermostats:** Individual
9. **Suspected Asbestos:** No

## Bathroom

### Back apt Bathroom

1. Acceptable **Ceiling:** Paint
2. Acceptable **Walls:** Paint
3. Defective **Floor:** Vinyl floor covering: Water damage, recommend further evaluation by a contractor.
4. Acceptable **Doors:** Solid wood
5. Acceptable **Electrical:** 110 VAC GFCI
6. Acceptable **Sink/Basin:** Porcelain
7. Acceptable **Faucets/Traps:** Functional
8. Acceptable **Shower/Surround:** Plastic pan and plastic surround



**Bathroom (Continued)**

9. Marginal **Toilets:** 1 1/2 Gallon Tank: Damaged flooring, suggest further evaluation by a contractor.



10. Acceptable **HVAC Source:** Wall mounted electric

11. Marginal **Ventilation:** No ventilation: Suggest installation of a mechanical ventilation

**Front Apt Bathroom**

12. Acceptable **Ceiling:** Paint

13. Acceptable **Walls:** Paint



14. Acceptable **Floor:** Vinyl floor covering

15. Acceptable **Doors:** Solid wood

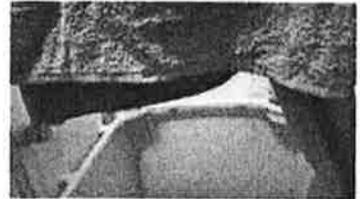
16. Acceptable **Electrical:** 110 VAC GFCI

17. Acceptable **Sink/Basin:** Porcelain



18. Acceptable **Faucets/Traps:** Functional

19. Acceptable **Shower/Surround:** Plastic pan and plastic surround



20. Acceptable **Toilets:** 1 1/2 Gallon Tank



21. Acceptable **HVAC Source:** Wall mounted electric

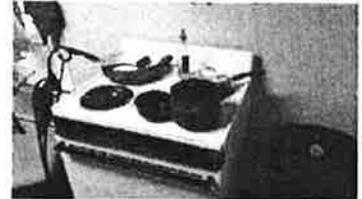
22. Marginal **Ventilation:** No ventilation: Suggest installation of a mechanical ventilation

## Kitchen

Modern appliances have electrical circuitry that may not give an indication of failure prior to failure, therefore no estimates are given as to how long operation will continue beyond the time of the inspection.

### Back Apt Kitchen

1. Acceptable **Cooking Appliances:** Crosley



2. Acceptable **Refrigerator:** Kenmore



3. Acceptable **Sink:** Porcelain Coated

4. Acceptable **Electrical:** 110 VAC GFCI

5. Marginal **Plumbing/Fixtures:** PVC: No hot water at the time of the inspection.

6. Acceptable **Counter Tops:** Ceramic

7. Acceptable **Cabinets:** Wood

8. Acceptable **Ceiling:** Suspended ceiling

9. Acceptable **Walls:** Paint



10. Acceptable **Floor:** Carpet

11. Acceptable **Windows:** Vinyl double hung

12. Acceptable **HVAC Source:** Wall mounted electric

### Front Apt Kitchen

13. Acceptable **Cooking Appliances:** Hotpoint



14. Acceptable **Refrigerator:** Kenmore

15. Acceptable **Sink:** Stainless Steel

16. Marginal **Electrical:** 110 VAC GFCI: There is some surface mounted wiring, prone to allowing damage. Suggest evaluation by licensed electrician

### Kitchen (Continued)

- 17. Marginal **Plumbing/Fixtures:** PVC: No hot water at the time of the inspection.
- 18. Acceptable **Counter Tops:** Laminate
- 19. Acceptable **Cabinets:** Wood
- 20. Acceptable **Ceiling:** Suspended ceiling
- 21. Acceptable **Walls:** Paint



- 22. Acceptable **Floor:** Vinyl floor covering
- 23. Acceptable **Doors:** Solid wood
- 24. Acceptable **Windows:** Vinyl double hung
- 25. Acceptable **HVAC Source:** Wall mounted electric

### Bedroom

#### Back apt Bedroom

- 1. Acceptable **Ceiling:** Suspended ceiling
- 2. Acceptable **Walls:** Paint



- 3. Acceptable **Floor:** Carpet
- 4. Acceptable **Doors:** Solid wood
- 5. Acceptable **Windows:** Vinyl double hung
- 6. Acceptable **Electrical:** 110 VAC
- 7. Acceptable **HVAC Source:** Electronic baseboard
- 8. Defective **Smoke Detector:** None observed: Suggest installation of a smoke alarm

#### Front Apt Bedroom

- 9. Acceptable **Closet:** Walk In and Large
- 10. Marginal **Ceiling:** 12 x 12 tile: Water stains present, dry at the time of the inspection.
- 11. Acceptable **Walls:** Paneling



- 12. Acceptable **Floor:** Carpet
- 13. Acceptable **Doors:** Solid wood

**Bedroom (Continued)**

---

- 14. Acceptable **Windows:** Vinyl double hung
- 15. Acceptable **Electrical:** 110 VAC
- 16. Acceptable **HVAC Source:** Electronic baseboard
- 17. Marginal **Smoke Detector:** Battery operated: Suggest installation of a CO detector

**Living Space**

---

**Living Room BACK apt Living Space**

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- 1. Acceptable **Ceiling:** Suspended ceiling
- 2. Acceptable **Walls:** Paint



- 3. Acceptable **Floor:** Carpet
- 4. Acceptable **Windows:** Vinyl double hung
- 5. Acceptable **Electrical:** 110 VAC
- 6. Acceptable **HVAC Source:** Electronic baseboard
- 7. Defective **Smoke Detector:** None observed: Suggest installation of a smoke alarm, Suggest installation of a CO detector

**Living Room front apt Living Space**

---

- 8. Acceptable **Closet:** Walk In
- 9. Acceptable **Ceiling:** Paint
- 10. Acceptable **Walls:** Paint



- 11. Acceptable **Floor:** Carpet
- 12. Acceptable **Doors:** Solid wood
- 13. Acceptable **Windows:** Vinyl double hung
- 14. Acceptable **Electrical:** 110 VAC
- 15. Acceptable **HVAC Source:** Electronic baseboard
- 16. Acceptable **Smoke Detector:** None observed: Located in the next room

---

## Marginal Summary

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**This summary is not the entire report. The complete report may include additional information of concern to the client. It is recommended that the client read the complete report.**

---

### Bathroom

---

1. **Back apt Bathroom Toilets:** 1 1/2 Gallon Tank: Damaged flooring, suggest further evaluation by a contractor.



2. **Back apt Bathroom Ventilation:** No ventilation: Suggest installation of a mechanical ventilation  
3. **Front Apt Bathroom Ventilation:** No ventilation: Suggest installation of a mechanical ventilation

---

### Kitchen

---

4. **Back Apt Kitchen Plumbing/Fixtures:** PVC: No hot water at the time of the inspection.  
5. **Front Apt Kitchen Electrical:** 110 VAC GFCI: There is some surface mounted wiring, prone to allowing damage. Suggest evaluation by licensed electrician  
6. **Front Apt Kitchen Plumbing/Fixtures:** PVC: No hot water at the time of the inspection.

---

### Bedroom

---

7. **Front Apt Bedroom Ceiling:** 12 x 12 tile: Water stains present, dry at the time of the inspection.  
8. **Front Apt Bedroom Smoke Detector:** Battery operated: Suggest installation of a CO detector

---

## Defective Summary

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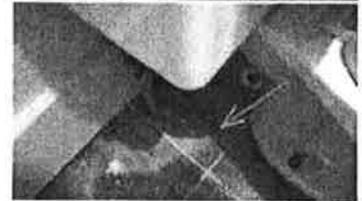
**This summary is not the entire report. The complete report may include additional information of concern to the client. It is recommended that the client read the complete report.**

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### Bathroom

---

- 1. Back apt Bathroom Floor:** Vinyl floor covering: Water damage, recommend further evaluation by a contractor.



---

### Bedroom

---

- 2. Back apt Bedroom Smoke Detector:** None observed: Suggest installation of a smoke alarm

---

### Living Space

---

- 3. Living Room BACK apt Living Space Smoke Detector:** None observed: Suggest installation of a smoke alarm, Suggest installation of a CO detector

# INSPECTION REPORT



321 Broadway Ave.  
Wisconsin Dells, Wisconsin 53965

Prepared for: *Jim & Tina Moritz*

Prepared by: *Wisconsin Home Inspections Plus LLC  
E8006 N Reedsburg Rd  
Reedsburg, Wisconsin 53959  
Ed Catterson, License No. 961-106  
608-524-0040*

# Wisconsin Home Inspections Plus LLC

18:21 October 05, 2017  
321 Broadway Ave.

Page 1 of 16  
5445WiscDellsMoritz.inspx

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# Wisconsin Home Inspections Plus LLC

18:21 October 05, 2017  
321 Broadway Ave.

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## Definitions

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**NOTE:** All definitions listed below refer to the property or item listed as inspected on this report at the time of inspection

<b>Acceptable</b>	<b>Functional with no obvious signs of defect.</b>
<b>Not Present</b>	<b>Item not present or not found.</b>
<b>Not Inspected</b>	<b>Item was unable to be inspected for safety reasons or due to lack of power, inaccessible, or disconnected at time of inspection.</b>
<b>Marginal</b>	<b>Item is not fully functional and requires repair or servicing.</b>
<b>Defective</b>	<b>Item needs immediate repair or replacement. It is unable to perform its intended function.</b>

## General Information

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### Property Information

---

**Property Address** 321 Broadway Ave.  
**City** Wisconsin Dells **State** Wisconsin **Zip** 53965  
**Contact Name** Sean Sweeney with Wisc. Dells Realty  
**Phone** 608-448-9127 **Fax**

### Client Information

---

**Client Name** Jim & Tina Moritz  
**Client Address**  
**City State Zip**  
**Phone** 68-434-8458 **Fax**  
**E-Mail** d4444@hotmail.com

### Inspection Company

---

**Inspector Name** Edward Catterson  
**Company Name** Wisconsin Home Inspections Plus LLC  
**Address** E8006 N Reedsburg Rd  
**City** Reedsburg **State** Wisconsin **Zip** 53959  
**Phone** 608-524-0040 **Fax**  
**E-Mail** edcatwhipllc@gmail.com  
**File Number** 5445  
**Amount Received** \$550.00 Paid in full, thank you.

### Conditions

---

**Others Present** Buyer **Property Occupied** Vacant  
**Estimated Age** Approximately 1930 **Entrance Faces** South  
**Inspection Date** 10/05/2017  
**Start Time** 1:30 pm **End Time** 5:15 pm  
**Electric On** Yes  
**Gas/Oil On** Yes  
**Water On** Yes

## General Information (Continued)

**Temperature** 65 degrees  
**Weather** Cloudy **Soil Conditions** Dry  
**Space Below Grade** Basement  
**Building Type** Commercial **Garage** None  
**Sewage Disposal** City **How Verified** Multiple Listing Service  
**Water Source** City **How Verified** Multiple Listing Service

## Lots and Grounds

1. Acceptable **Walks:** Concrete



2. Acceptable **Flatwork** Asphalt



3. Acceptable **Grading:** Flat: All paved.

4. Acceptable **Exterior Surface Drain:** Surface drain: To the city street gutters

5. Not Present **Driveway:** None

6. Not Present **Fences:** None

7. Acceptable **Parking Lot:** Public only : There is also street parking



8. Acceptable **Signage:** Front of the building



## Exterior

### Lower front areas Exterior Surface

1. Acceptable **Type:** Wood



### Upper front areas Exterior Surface

2. Marginal **Type:** Stucco: There is a spot that has open seams, this could allow water leakage behind the siding, recommend further evaluation by a contractor.



### Sides and rear Exterior Surface

3. Marginal **Type:** Block: There is some damaged blocks observed at the rear of the building and some step cracks visible at the sides. Recommend further evaluation by a contractor or structural engineer for possible repair estimates.



- 4. Acceptable **Trim:** Wood
- 5. Acceptable **Fascia:** Aluminum
- 6. Acceptable **Entry Doors:** Glass



7. Marginal **Service Doors:** Metal entry door: Damaged from possible failed break in. A qualified contractor is recommended to evaluate and estimate repairs



8. Acceptable **Windows:** Non-opening and , Vinyl double hung: The non opening windows are on the business areas only.

**Exterior (Continued)**

**Windows: (continued)**



- 9. Acceptable **Exterior Lighting:** Surface mount
- 10. Acceptable **Gas Meter:** Front of building



- 11. Acceptable **Main Gas Valve:** Located at gas meter

**Structure**

- 1. Acceptable **Structure Type:** Masonry
- 2. Acceptable **Foundation:** Poured
- 3. Acceptable **Beams:** Solid wood



- 4. Acceptable **Bearing Walls:** Poured
- 5. Acceptable **Joists/Trusses:** 2x12



- 6. Acceptable **Piers/Posts:** Poured
- 7. Acceptable **Floor/Slab:** Poured slab
- 8. Acceptable **Stairs/Handrails:** Wood stairs with wood handrails
- 9. Acceptable **Subfloor:** Dimensional wood

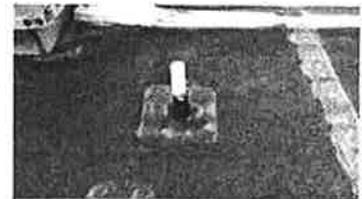
## Roof

### All Roof Surface

- 1. **Method of Inspection:** On roof
- 2. Acceptable **Unable to Inspect:** 25%: Due to the angle of view
- 3. Defective **Material:** Rubber membrane: There are soft areas with damaged sheathing observed also stains present at the ceilings. Roof shows signs of deterioration with some loose edges. A qualified roofing contractor is recommended to evaluate and estimate repairs



- 4. **Type:** Flat
- 5. **Approximate Age:** 5 to 10 years
- 6. Acceptable **Flashing:** Rubber
- 7. Acceptable **Plumbing Vents:** PVC



- 8. Acceptable **Electrical Mast:** Underground utilities



## Attic

### All visible area Attic

- 1. **Method of Inspection:** From the attic access
- 2. Acceptable **Unable to Inspect:** 30%
- 3. Acceptable **Roof Framing:** 2x6 Rafter



- 4. Acceptable **Sheathing:** Dimensional wood
- 5. Not Present **Ventilation:** None observed
- 6. Defective **Insulation:** None observed : No insulation observed, recommend installation of insulation to help prevent energy loss.
- 7. Marginal **Wiring/Lighting:** 110 VAC: Knob and tube wiring observed, Evaluation by a licensed

**Attic (Continued)**

**Wiring/Lighting: (continued)**

electrician is recommended

**Electrical**

*Panel cover removal is out of the scope of this survey unless removed by building staff.*

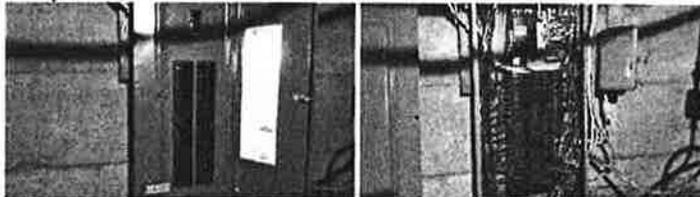
- 1. **Service Size Amps: 200 Volts: 220-240 VAC**
- 2. Acceptable **Service: Aluminum**
- 3. Defective **120 VAC Branch Circuits: Copper:** There is some exposed wiring connections observed above the drop-down ceiling, possible shock or fire hazard. Evaluation by a licensed electrician is recommended for repair estimates.



- 4. Acceptable **240 VAC Branch Circuits: Copper**
- 5. Acceptable **Meter Localized circuits 1st and 2nd Floor**
- 6. Acceptable **Conductor Type: Romex**

**Basement Electric Panel**

- 7. Marginal **Manufacturer: Square D:** There is obstructed access, there needs to be clear access to the panel.



- 8. **Maximum Capacity: 200 Amps**
- 9. Acceptable **Main Breaker Size: 200 Amps**
- 10. Acceptable **Breakers: Copper and Aluminum**
- 11. **Fire Extinguishers? No**
- 12. **Emergency Generators? No**
- 13. Acceptable **Types of Lighting Used** Florescent and incandescent
- 14. **Special or Unusual Systems Installed: No**

## Plumbing

---

- 1. Acceptable **Service Line:** Copper
- 2. Acceptable **Main Water Shutoff:** Basement
- 3. Acceptable **Water Lines:** Copper
- 4. Defective **Drain Pipes:** Mixed material: Leaking, damaged at the piping that goes through the floor. Recommend further evaluation by a plumber for repair estimates.



- 5. Acceptable **Gas Service Lines:** Steel
- 
- Basement Water Heater**

- 6. Not Inspected **Water Heater Operation:** Not in operation at the time of the inspection: Power shut off to it at the time of the inspection.
- 7. **Manufacturer:** A.O. Smith



- 8. **Type:** Electric **Capacity:** 80 gallon
  - 9. **Approximate Age:** 14 years **Area Served:** 2nd floor apartments
  - 10. Acceptable **TPRV and Drain Tube:** Copper
  - 11. **Sprinkler System?** No
- 
- Basement Water Heater**

- 12. Defective **Water Heater Operation:** Leaking: Leakage present, replacement needed.
- 13. **Manufacturer:** A.O. Smith



- 14. **Type:** Electric **Capacity:** 40 Gal.
- 15. **Approximate Age:** 27 years **Area Served:** 1st floor
- 16. Acceptable **TPRV and Drain Tube:** Copper

## Basement

Inspection Limitations: This inspection is limited to the visible areas only. Some walls may be covered by finishes or storage. Drain Tile and bleeders and drainage systems are buried in the foundation and are not visible for inspection. With one home inspection visit, future performance of a basement cannot be predicted

### Main Basement

- 1. Acceptable **Unable to Inspect:** 20%: Due to finishes and storage.
- 2. Acceptable **Ceiling:** Exposed framing
- 3. Acceptable **Walls:** Concrete



- 4. Acceptable **Floor:** Poured
- 5. Acceptable **Electrical:** 110 VAC
- 6. Defective **Smoke Detector:** None observed: Suggest installation of a smoke alarm, Suggest installation of a CO detector
- 7. Not Present **Sump Pump:** None observed: No sump system observed
- 8. Marginal **Moisture Location:** Under the entire basement : Water stains present, Expect dampness or seepage, expensive repairs may lessen or stop this.

## Air Conditioning

### Roof mounted AC System

- 1. Acceptable **A/C System Operation:** Appears serviceable
- 2. Acceptable **Exterior Unit:** Pad mounted



- 3. **Manufacturer:** Unitary Products
- 4. **Area Served:** 1st floor **Approximate Age:** 12 years
- 5. **Fuel Type:** 220-240 VAC **Temperature Differential:** 18 degrees
- 6. **Type:** Central A/C **Capacity:** Not listed
- 7. **Maintenance Contract?** No
- 8. **Apparent Maintenance Exercised?** Yes
- 9. **Any Special or Unusual Systems?** No
- 10. **Any Past Upgrades?** No

## Heating System

---

### Roof mounted Heating System

---

1. Acceptable **Heating System Operation:** Appears functional
2. **Manufacturer:** Unitary Products
3. **Type:** Forced air **Capacity:** Not labeled
4. **Area Served:** 1st floor **Approximate Age:** 12 years
5. **Fuel Type:** Natural gas
6. **Unable to Inspect:** 100% of the exchanger
7. Acceptable **Distribution:** Metal duct
8. **Maintenance Contract?** No
9. **Apparent Maintenance Exercised?** Yes
10. **Any Past Upgrades?** No
11. Acceptable **Thermostats:** Electronic
12. **Any Special or Unusual Systems?** No



## Common Spaces

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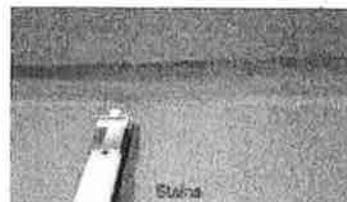
1. Acceptable **Entrance Door Glass**
2. Acceptable **Ceilings:** Dropped
3. Acceptable **Walls:** Wallpaper
4. Marginal **Floors:** Ceramic : There are some loose and damaged tiles observed, recommend further evaluation by a contractor for repair estimates.
5. Acceptable **Windows:** Non opening
6. Acceptable **HVAC Source:** Registers
7. **Emergency Lighting Present?** Yes



## Office Space

### Rear of building Office Space

1. Marginal **Ceiling:** Paint: Moisture stains visible, dry at the time of the inspection, suggest further evaluation by a contractor for repair.



2. Acceptable **Walls:** Paint



3. Acceptable **Floor:** Carpet

4. Acceptable **Doors:** Hollow wood

5. Acceptable **Electrical:** 110 VAC

6. Not Present **HVAC Source:** No heat source found: None observed

7. **Emergency lighting present?** Not Applicable

## Work Area

### Behind the counter Work Area

1. Acceptable **Ceiling:** Suspended ceiling

2. Acceptable **Walls:** Wallpaper and paneling



3. Acceptable **Floor:** Ceramic tile

4. Acceptable **Doors:** Hollow wood

5. Acceptable **Electrical:** 110 VAC

6. Acceptable **HVAC Source:** Heating system register

7. **Emergency lighting present?** Not Applicable

## Room

### Walk freezer areas Room

1. Marginal **Ceilings:** Suspended ceiling: Water stains present, leaking at the roof, recommend further evaluation by a contractor for repair estimates.

**Room (Continued)**

- 2. Marginal **Walls: Paint:** There are some unfinished walls with missing drywall, this has left some of the wiring unprotected, recommend finishing the drywall.



- 3. Acceptable **Floors:** Ceramic tile
- 4. Acceptable **Doors:** Hollow wood
- 5. Acceptable **Electrical:** 110 VAC/220 VAC
- 6. Acceptable **HVAC Source:** Heating system register
- 7. **Emergency lighting present?** Not Applicable

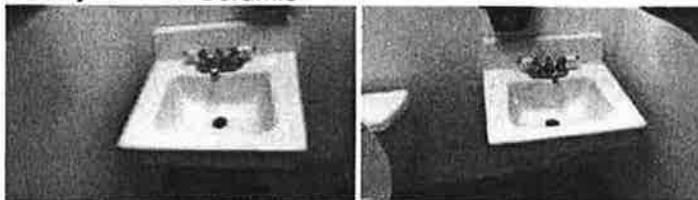
**Restroom**

**Men and women Rest Room**

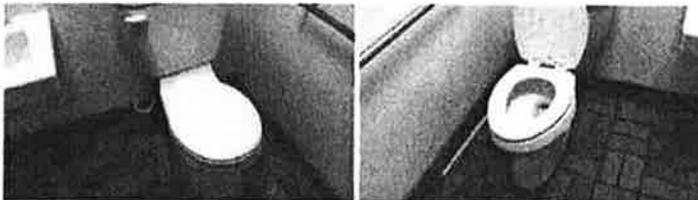
- 1. Acceptable **Ceiling:** Suspended ceiling
- 2. Acceptable **Walls:** Paint



- 3. Acceptable **Floor:** Ceramic tile
- 4. Acceptable **Doors:** Solid wood
- 5. Acceptable **Electrical:** Lights only
- 6. Acceptable **Sink/Basin:** Ceramic



- 7. Acceptable **Faucets/Traps:** Functional
- 8. Acceptable **Toilets:** Functional



- 9. Acceptable **HVAC Source:** Heating system register
- 10. Acceptable **Ventilation:** Mechanical

**Restroom (Continued)**

11. **Emergency lighting present?** Not Applicable

**Janitor's Room**

**Central Janitor's Room**

- 1. Acceptable **Ceiling:** Suspended ceiling
- 2. Acceptable **Walls:** Paint



- 3. Acceptable **Floors:** Ceramic tile
- 4. Acceptable **Doors:** Hollow wood
- 5. Defective **Electrical:** 110 VAC: Damaged outlets and no GFCI protection near the water sources. Recommend further evaluation by an electrician.



- 6. Acceptable **HVAC Source:** Heating system register
- 7. Not Inspected **Deep Sink:** Stainless : No water flow at the time of the inspection. There is also a mop sink.



- 8. Acceptable **Deep Sink Drain:** PVC
- 9. Acceptable **Hose Bib:** Gate valves
- 10. Acceptable **Floor Drain:** Surface
- 11. **Emergency lighting present?** Not Applicable

### Marginal Summary

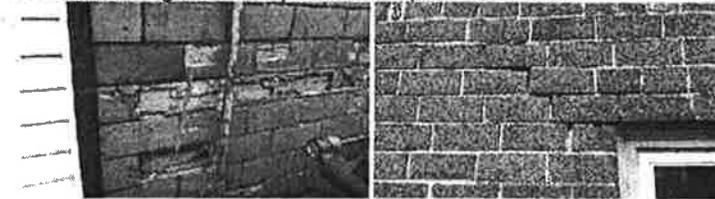
**This summary is not the entire report. The complete report may include additional information of concern to the client. It is recommended that the client read the complete report.**

#### Exterior

- 1. Upper front areas Exterior Surface Type: Stucco:** There is a spot that has open seams, this could allow water leakage behind the siding, recommend further evaluation by a contractor.



- 2. Sides and rear Exterior Surface Type: Block:** There is some damaged blocks observed at the rear of the building and some step cracks visible at the sides. Recommend further evaluation by a contractor or structural engineer for possible repair estimates.



- 3. Service Doors: Metal entry door:** Damaged from possible failed break in. A qualified contractor is recommended to evaluate and estimate repairs

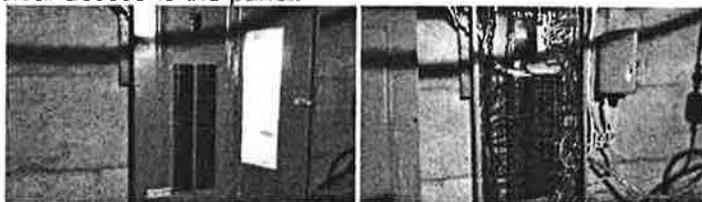


#### Attic

- 4. All visible area Attic Wiring/Lighting: 110 VAC:** Knob and tube wiring observed, Evaluation by a licensed electrician is recommended

#### Electrical

- 5. Basement Electric Panel Manufacturer: Square D:** There is obstructed access, there needs to be clear access to the panel.



#### Basement

- 6. Main Basement Moisture Location:** Under the entire basement : Water stains present, Expect dampness or seepage, expensive repairs may lessen or stop this.

---

## Marginal Summary (Continued)

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### Common Spaces

---

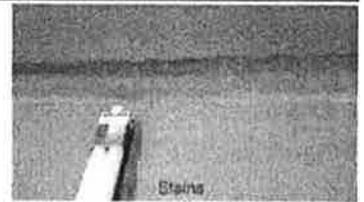
- 7. Floors: Ceramic :** There are some loose and damaged tiles observed, recommend further evaluation by a contractor for repair estimates.



### Office Space

---

- 8. Rear of building Office Space Ceiling:** Paint: Moisture stains visible, dry at the time of the inspection, suggest further evaluation by a contractor for repair.



### Room

---

- 9. Walk freezer areas Room Ceilings:** Suspended ceiling: Water stains present, leaking at the roof, recommend further evaluation by a contractor for repair estimates.
- 10. Walk freezer areas Room Walls:** Paint: There are some unfinished walls with missing drywall, this has left some of the wiring unprotected, recommend finishing the drywall.



## Defective Summary

---

**This summary is not the entire report. The complete report may include additional information of concern to the client. It is recommended that the client read the complete report.**

### Roof

---

- 1. All Roof Surface Material: Rubber membrane:** There are soft areas with damaged sheathing observed also stains present at the ceilings. Roof shows signs of deterioration with some loose edges. A qualified roofing contractor is recommended to evaluate and estimate repairs



### Attic

---

- 2. All visible area Attic Insulation:** None observed : No insulation observed, recommend installation of insulation to help prevent energy loss.

### Electrical

---

- 3. 120 VAC Branch Circuits: Copper:** There is some exposed wiring connections observed above the drop-down ceiling, possible shock or fire hazard. Evaluation by a licensed electrician is recommended for repair estimates.



### Plumbing

---

- 4. Drain Pipes: Mixed material:** Leaking, damaged at the piping that goes through the floor. Recommend further evaluation by a plumber for repair estimates.



- 5. Basement Water Heater Water Heater Operation:** Leaking: Leakage present, replacement needed.

### Basement

---

- 6. Main Basement Smoke Detector:** None observed: Suggest installation of a smoke alarm, Suggest installation of a CO detector

### Janitor's Room

---

- 7. Central Janitor's Room Electrical: 110 VAC:** Damaged outlets and no GFCI protection near the water sources. Recommend further evaluation by an electrician.



**PROMISSORY NOTE**  
(Mercedes R. McCoy and City of Wisconsin Dells)

ITEM 6

AMOUNT: \$40,000.00

DATE: April 24, 2015

**FOR VALUE RECEIVED**, Mercedes R. McCoy ("Maker") hereby promises to pay to the order of the City of Wisconsin Dells ("Holder") the principal sum of Forty Thousand and no/100 Dollars (\$40,000.00), with 2% interest as follows:

120 monthly payments of \$369.42 commencing August 1, 2015.

Any amount paid shall be applied first to interest accrued and then to principal.

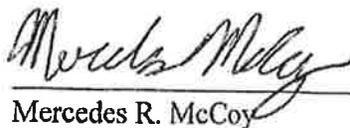
In the event of a default in the payment of this Note, the interest rate shall be 5% per annum from the date of default.

If suit is brought to collect this Note, Mercedes R. McCoy shall pay to the City of Wisconsin Dells, in addition to all taxable costs and disbursements of the action, a reasonable sum of money in attorneys fees.

This Note is secured by a mortgage on real estate of the same date as this Note.

The maker waives presentment, protest, demand and notice of dishonor.

This Note is given in connection with Community Development Revolving Fund loan made in connection with a new business venture; i.e. "A Homespun Heart LLC", Dudley Brown and Barbara Brown, 514 Broadway, Wisconsin Dells.

  
Mercedes R. McCoy