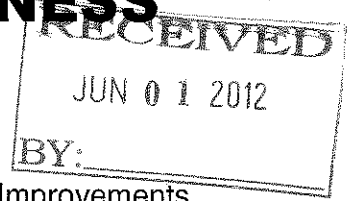


PROJECT NUMBER: H 2012-41

CITY OF CRYSTAL LAKE CERTIFICATE OF APPROPRIATENESS APPLICATION



Please type or print legibly

PROJECT TITLE: Lake Ave Cemetery - Gates Family Plot - Additions and Improvements

ADDRESS: LAke Ave., Crystal Lake, Illinois

OWNER(S):

NAME: Simon Sumner Gates family as represented by M. F. Gates

ADDRESS: PO Box 1083, El Granada, CA 94018; >>rojam2@mitgat.com<< 650-726-5864

PROPERTY INDEX NUMBERS (attach legal description): unknown

BRIEFLY DESCRIBE THE CURRENT IMPROVEMENTS ON THE PROPERTY:

Grave site of SS Gates, SD Gates, SE Gates, WD Gates, Susie Gates and Mary Oakley.

One primary monument and individual markers for each of above.

Original stone "surround" of plot. Plot has space for several more internments.

Primary monument face has Gates name and SS & SD names. Rear and side panels clear.

PLEASE PROVIDE A DETAILED DESCRIPTION OF THE CONSTRUCTION, ALTERATION, DEMOLITION OR USE PROPOSED:

On "clear" panels of primary monument, inscribe appropriately, data from existing individual markers for "SE", "WD", Susie & Mary.

Lay "upright (vertical) markers" flat, slightly above ground level to prevent further damage to the markers.

Most recently Mary Oakley's marker was moved several feet outside the plot by unknown persons; I and a local friend managed to return it to its proper place. In past years Susie's marker was broken into three or more pieces; Early on "SS" marker was broken off its base. Both of these were repaired at my cost by Zoia Monument just prior to the "cemetery walk" sponsored by CL Historical Soc. Susie's marker was broken and rests nervously in position. I believe that laying the markers down as described above would greatly reduce damage.

ADDITIONAL DOCUMENTATION REQUIRED:

PLEASE PROVIDE ARCHITECTURAL DRAWINGS OR SKETCHES FOR THE PROPOSED CONSTRUCTION OR ALTERATION. IN ADDITION, PLEASE PROVIDE PHOTOGRAPHS OF THE EXISTING IMPROVEMENTS AND A LIST OF MATERIALS TO BE USED IN THE PROJECT.

CONTRACTOR NAME: Zoia Monument Co. of Woodstock, Il or equal

ADDRESS: _____

PHONE: _____

ARCHITECT NAME: _____

ADDRESS: _____

PHONE: _____

S/M.F. Gates,