



Historic District Commission

**Certificate of Appropriateness**

Plans for: 129 N. Main St.  
Owner: Dale and Lydia Strnad  
Builder: Dale Strnad - General Contractor  
Architect: Robyn Johnston Architect

Description:

Project consists of an 1854 sq. ft. addition consisting of 3 bedrooms, family room, study, 2 full baths and remodeled kitchen. The original house, built in 1856, is approximately 1600 sq. ft.. Addition requires the demolition of the existing attached garage that is of later construction than the original structure.

The new addition is in the same architectural style as the original. The rear porch will be a similar style as the existing front porch.

The construction materials consists of:

- Concrete footer, cinder block foundation with cultured stone facing where exposed
- Siding will be beveled cedar wood with a similar lap as the original structure
- Windows will be wood construction with vinyl cladding
- Trim will be "engineered wood"
- Shingles will be dimensional asphalt.

**Plans approved by the Commission on 4/5/2001\*.**

\*Expires 12 months from approval date.

Chairman Signature: \_\_\_\_\_ Date: 4/9/2001  
Leslie L. Haight

# Clarkston Historic District Commission

375 Depot Road, Clarkston, MI 48346

## MEETING AGENDA

**Date:** 4/5/2001  
**Time:** 7:30PM  
**Location:** City of the Village of Clarkston City Hall

### Call to Order:

### Roll:

Alma Goldner \_\_\_\_, Bud Olafsson \_\_\_\_, Les Haight \_\_\_\_, Kay Robertson \_\_\_\_, Don Wayne \_\_\_\_.

### Old Business

Applicant:

Subject:

### New Business:

Applicant:

Dale and Lydia Strnad  
129 N. Main St.

Subject:

The applicants propose to add an 1854 square foot addition to the house. The addition includes 3 bedrooms, family room, study, and 2 full baths.

### General Business:

Members Reports:

Correspondence:

### Adjournment:

agenda.doc

# Clarkston Historic District - Project Detail Sheet

Address or Property Description: 129 N. MAIN ST.  
CLARKSTON MI.

Applicant: LYDIA + DALE STRNAD

Address: 129 N. MAIN ST.

Phone Number/Fax Number: 922-0019 Fax 922-3211

Date: 3/27/01

Description of Original Structure:

WOOD FRAME SINGLE FAMILY RESIDENCE

Architectural Style of Original Structure:

Year Built: 1856

## Original Materials

Foundation: STONE

Siding: WOOD

Windows: WOOD

Trim: WOOD

Shingles: ASPHALT

Porch: WOOD FLOOR

Other Important Characteristics:

Description of Proposed Project: EXPANSION OF LIVING SPACE

TO ACCOMMODATE A FAMILY OF 4 -

REMOVE EXISTING GARAGE, ADD 1800 SQ FT. INCLUDING

3 BEDROOMS FAMILY ROOM, STUDY + REMODELED KITCHEN,

2 FULL BATHS.

Reason for Proposed Project: IMPROVE STRUCTURE TO ACCOMMODATE

THE NEEDS OF A FAMILY OF 4 (INCLUDING 2. TRENAGE BOYS)

Architectural Style Chosen: SAME AS ORIGINAL STRUCTURE

## Project Materials

Foundation: CONCRETE FOOTER CINDER BLOCK

Siding: WOOD MATERIAL

Windows: WOOD MATERIAL

Trim: WOOD MATERIAL

Shingles: ASPHALT

Porch: WOOD FLOOR

Other Important Characteristics:

**APPLICATION FOR  
PLAN EXAMINATION AND  
BUILDING PERMIT**

**IMPORTANT - Applicant to complete all items in sections: I, II, III, IV, and IX.**

<b>I. LOCATION OF BUILDING</b>	AT (LOCATION) <u>129 N. MAIN ST.</u>	ZONING DISTRICT _____
	(NO.) (STREET)	
	BETWEEN <u>CLARKSTON RD</u> AND <u>WASHINGTON ST.</u>	(CROSS STREET) (CROSS STREET)
	SUBDIVISION <u>SUB. OF SECTION 20, T4N-R9E</u> LOT <u>40</u> BLOCK _____	LOT SIZE <u>40x390x77</u>

**II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D**

<p><b>A. TYPE OF IMPROVEMENT</b></p> <p>1 <input type="checkbox"/> New building</p> <p>2 <input checked="" type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input checked="" type="checkbox"/> Wrecking (If multifamily residential, enter number of units in building in Part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p>	<p><b>D. PROPOSED USE - For "Wrecking" most recent use</b></p> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <p><b>Residential</b></p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more family - Enter number of units - - - - -</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units - - - - -</p> <p>15 <input checked="" type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p> </td> <td style="width:50%; vertical-align: top;"> <p><b>Nonresidential</b></p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table>	<p><b>Residential</b></p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more family - Enter number of units - - - - -</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units - - - - -</p> <p>15 <input checked="" type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p><b>Nonresidential</b></p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>
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<p><b>B. OWNERSHIP</b></p> <p>8 <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>			

<p><b>C. COST</b></p> <p>10. Cost of improvement..... \$ <u>85,000</u></p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical..... <u>8,500</u></p> <p>b. Plumbing..... <u>11,000</u></p> <p>c. Heating, air conditioning..... <u>17,000</u></p> <p>d. Other (elevator, etc.)..... _____</p> <p>11. TOTAL COST OF IMPROVEMENT \$ <u>121,500</u></p>	(Omit cents)	<p><b>Nonresidential - Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for, department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
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**III. SELECTED CHARACTERISTICS OF BUILDING - For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.**

<p><b>E. PRINCIPAL TYPE OF FRAME</b></p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input checked="" type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p><b>G. TYPE OF SEWAGE DISPOSAL</b></p> <p>40 <input checked="" type="checkbox"/> Public or private company</p> <p>41 <input type="checkbox"/> Private (septic tank, etc.)</p>	<p><b>J. DIMENSIONS</b></p> <p>48. Number of stories..... <u>1 1/2</u></p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions..... <u>1854</u></p> <p>50. Total land area, sq. ft. .... <u>31,000</u></p>	
<p><b>F. PRINCIPAL TYPE OF HEATING FUEL</b></p> <p>35 <input checked="" type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p><b>H. TYPE OF WATER SUPPLY</b></p> <p>42 <input checked="" type="checkbox"/> Public or private company</p> <p>43 <input type="checkbox"/> Private (well, cistern)</p>	<p><b>K. NUMBER OF OFF-STREET PARKING SPACES</b></p> <p>51. Enclosed..... _____</p> <p>52. Outdoors..... _____</p>	<p><b>L. RESIDENTIAL BUILDINGS ONLY</b></p> <p>53. Number of bedrooms..... <u>3</u></p> <p>54. Number of bathrooms } Full..... <u>2</u></p> <p style="margin-left: 150px;">} Partial..... _____</p>
<p><b>I. TYPE OF MECHANICAL</b></p> <p>Will there be central air conditioning?</p> <p>44 <input checked="" type="checkbox"/> Yes      45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes      47 <input checked="" type="checkbox"/> No</p>			

**IV. IDENTIFICATION - To be completed by all applicants**

Name		Mailing address - Number, street, city, and State	ZIP code	Tel. No.
1. Owner or Lessee	LYDIA + DALE	129 N. MAIN ST.	48346	248
	STRNAD	CLARKSTON, MI		922-0019
2. Contractor	DALE STRNAD	SAME	48346	Builder's License No.
	GENERAL CONTRACTOR			
3. Architect or Engineer	ROBYN JOHNSTON	24 ROBERTSON COURT	48346	248
		CLARKSTON, MI		625-9530

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of applicant <i>Dale Strnad</i>	Address 129 N. MAIN ST. CLARKSTON	Application date 3/26/01
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**DO NOT WRITE BELOW THIS LINE**

**V. PLAN REVIEW RECORD - For office use**

Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING		\$					
PLUMBING		\$					
MECHANICAL		\$					
ELECTRICAL		\$					
OTHER _____		\$					

**VI. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS**

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
BOILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					WRECKING				
OTHER _____					OTHER _____				

**VII. VALIDATION**

Building Permit number _____ Building Permit issued _____ 19____ Building Permit Fee \$ _____ Certificate of Occupancy \$ _____ Drain Tile \$ _____ Plan Review Fee \$ _____	<p style="text-align: center;"><b>FOR DEPARTMENT USE ONLY</b></p> Use Group _____ Fire Grading _____ Live Loading _____ Occupancy Load _____
Approved by: _____ _____ TITLE	