



**CITY OF THE
VILLAGE OF CLARKSTON**

**Historic District Commission
Certificate of Appropriateness**

Plans for: 37 N. Holcomb
Replacement of two (2) windows on the front of the house.
Owner: Michael and Ann Mizusawa
Builder: Renewal by Anderson
Architect: n/a

The project includes the replacement of two, second story bedroom windows on the front (street side) of the house. Current windows consist of one deteriorated original cottage-style window and one non-matching double-hung replacement window.

The new replacement windows will be:

- Manufactured by Renewal by Anderson
- Solid-wood construction
- Cottage-style design of the same look and dimensions as the original windows
- Trim will be wood and match the existing trim.

Plans approved as submitted by the Commission on 9/29/2003..

Chairperson Signature: Leslie L. Haight Date: 10/1/2003
Leslie L. Haight

Clarkston Historic District - Project Detail Sheet

Address or Property Description 37 N. Holcomb Road
Clarkston, MI 48346

Applicant: Michael & Ann Mizusawa
Address: (SAME)

Phone Number/Fax Number: 248-625-1505
Date: 9/9/03

Description of Original Structure:
Residential home - FRAME

Architectual Style of Original Structure: FRAME - Traditional

Year Built: 1910

Original Materials

Foundation: _____
Siding: _____
Windows: _____
Trim: _____
Shingles: _____
Porch: _____
Other Important Characteristics: _____

Description of Proposed Project: Replace front windows. (wood)

Reason for Proposed Project: Windows are falling apart

Architectural Style Chosen: Cottage - Original style windows (2)

Project Materials:

Foundation: _____ Siding: _____ Windows: _____
Trim: _____ Shingles: _____ Porch: _____

Other Important Characteristics: Wood Cottage Style Double Hung Windows (2)

CITY OF THE VILLAGE OF CLARKSTON

APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

AUTHORITY: P.A. 230 OF 1972, AS AMENDED COMPLETION: MANDATORY TO OBTAIN PERMIT PENALTY: PERMIT WILL NOT BE ISSUED

APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, V AND VI
 NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED
 FOR PLUMBING, MECHANICAL, AND ELECTRICAL WORK PERMITS

I. PROJECT INFORMATION				
PROJECT NAME <i>MIZUSAWA</i>		ADDRESS <i>37 N. Holcomb Rd</i>		
CITY <i>Clarkston</i>	VILLAGE —	TOWNSHIP —	COUNTY <i>Oakland</i>	ZIP CODE <i>48346</i>
BETWEEN <i>Washington & Surrey Lane</i>		AND		
II. IDENTIFICATION				
A. OWNER OR LESSEE				
NAME <i>Michael & Ann Mizusawa</i>		ADDRESS <i>37 N. Holcomb Rd</i>		
CITY <i>Clarkston</i>	STATE <i>MI</i>	ZIP CODE <i>48346</i>	TELEPHONE NUMBER <i>248-625-1505</i>	
B. ARCHITECT OR ENGINEER				
NAME		ADDRESS		
CITY <i>NONE</i>	STATE	ZIP CODE	TELEPHONE NUMBER	
LICENSE NUMBER		EXPIRATION DATE		
C. CONTRACTOR				
NAME <i>Andersen Windows</i>		ADDRESS		
CITY <i>(Dale Richmond)</i>	STATE	ZIP CODE	TELEPHONE NUMBER <i>1-888-537-3639</i>	
BUILDERS LICENSE NUMBER		EXPIRATION DATE		
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION				
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION				
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION				
III. TYPE OF IMPROVEMENT AND PLAN REVIEW <i>Replace two windows</i>				
A. TYPE OF IMPROVEMENT				
1. <input type="checkbox"/> NEW BUILDING	3. <input type="checkbox"/> ALTERATION	5. <input type="checkbox"/> DEMOLITION	7. <input type="checkbox"/> FOUNDATION ONLY	9. <input type="checkbox"/> RELOCATION
2. <input type="checkbox"/> ADDITION	4. <input checked="" type="checkbox"/> REPAIR	6. <input type="checkbox"/> MOBILE HOME SET-UP	8. <input type="checkbox"/> PREMANUFACTURE	10. <input type="checkbox"/> SPECIAL INSPECTION
B. REVIEW(S) TO BE PERFORMED				
<input type="checkbox"/> BUILDING	<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> PLUMBING	<input type="checkbox"/> FOUNDATION

IV. PROPOSED USE OF BUILDING

A. RESIDENTIAL

1. ONE FAMILY
 2. TWO OR MORE FAMILY
 NO. OF UNITS _____

3. HOTEL, MOTEL
 NO. OF UNITS _____

4. ATTACHED GARAGE

5. DETACHED GARAGE

6. OTHER _____

B. NON-RESIDENTIAL

C. COST

	(Omit cents)	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.
10. Cost of improvement.....	\$ 2500.00	
<i>To be installed but not included in the above cost</i>		
a. Electrical.....		
b. Plumbing.....		
c. Heating, air conditioning.....		
d. Other (elevator, etc.).....		
11. TOTAL COST OF IMPROVEMENT	\$ 2500	

Window replacement only

V. SELECTED CHARACTERISTICS OF BUILDING

A. PRINCIPAL TYPE OF FRAME

1. MASONRY, WALL BEARING 2. WOOD FRAME 3. STRUCTURAL STEEL 4. REINFORCED CONCRETE 5. OTHER

B. PRINCIPAL TYPE OF HEATING FUEL

6. GAS 7. OIL 8. ELECTRICITY 9. COAL 10. OTHER

C. TYPE OF SEWAGE DISPOSAL

11. PUBLIC OR PRIVATE COMPANY 12. SEPTIC SYSTEM

D. TYPE OF WATER SUPPLY

13. PUBLIC OR PRIVATE COMPANY 14. PRIVATE WELL OR CISTERN

E. TYPE OF MECHANICAL

15. WILL THERE BE AIR CONDITIONING? YES NO 16. WILL THERE BE FIRE SUPPRESSION? YES NO

F. DIMENSIONS/DATA

	21. FLOOR AREA:		
	EXISTING	ALTERATIONS	NEW
17. NUMBER OF STORIES _____			
18. USE GROUP _____			
19. CONST. TYPE _____			
20. NO. OF OCCUPANTS _____			
	BASEMENT		
	1ST & 2ND FLOOR		
	3RD - 10TH FLOOR		
	11TH - ABOVE		
	TOTAL AREA		

G. NUMBER OF OFF STREET PARKING SPACES

22. ENCLOSED _____ 23. OUTDOORS _____

VI. APPLICANT INFORMATION

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION.

NAME <i>Michael Mizusawa</i>		TELEPHONE NO. <i>248-625-1505</i>	
ADDRESS <i>37 N. Holcomb Road</i>	CITY <i>Clarkston</i>	STATE <i>MI</i>	ZIP CODE <i>48346</i>
FEDERAL I.D. NUMBER/SOCIAL SECURITY NUMBER <i>585-06-6700</i>			

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/HER AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE STATE OF MICHIGAN. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

Section 23a of the state construction code act of 1972, 1972 PA 230, MCL 125.1523A, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of section 23a are subjected to civil fines.

SIGNATURE OF APPLICANT *Michael Mizusawa*

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 _____		\$					

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 _____				

VALIDATION

Building Permit number _____

Building Permit issued _____

Building Permit Fee \$ _____

Certificate of Occupancy \$ _____

Drain Tile \$ _____

Plan Review Fee \$ _____

FOR DEPARTMENT USE ONLY

Use Group _____

Fire Grading _____

Live Loading _____

Occupancy Load _____

Approved by:

TITLE

37 N. Holcomb
9/28/2003

