



## CITY OF THE VILLAGE OF CLARKSTON

375 Depot Road  
Clarkston, MI 48346-1418  
Phone 248 • 625-1559  
Fax 248 • 625-3770

### Historic District Commission

## Certificate of Appropriateness

Plans for: 41 N. Holcomb  
Owner: Jeff and Carey Jones  
Builder: Wallside Windows  
Architect: N/A

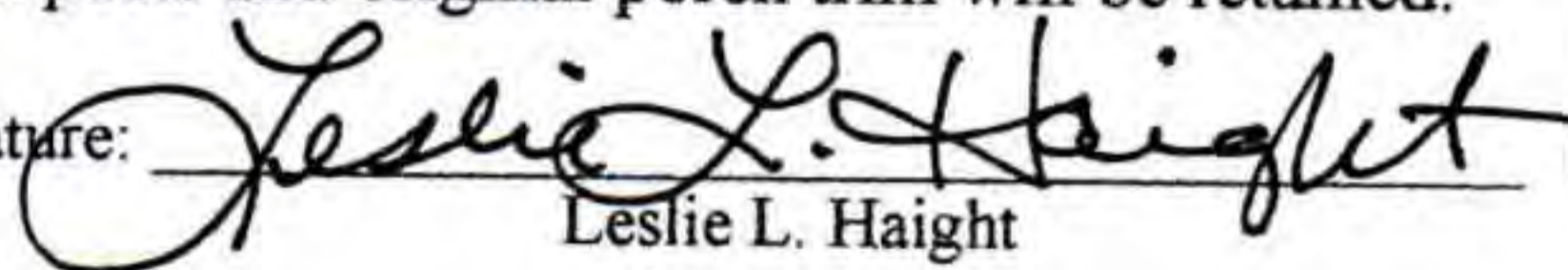
**Plans approved by the Commission on 8/2/1999\*.**

\*Expires 12 months from approval date.

#### **Description:**

- Replacement of all current windows with double-hung, solid-vinyl windows by Wallside Window Company.
- Removal of aluminum windows from front porch.
- Replacement of shingles on the front of the house, behind the porch, with lapped cedar siding. The posts and original porch trim will be retained.

Chairman Signature: \_\_\_\_\_



Leslie L. Haight

Date: 8/8/1999

CITY OF THE  
VILLAGE OF CLARKSTON  
Historic District Commission

**Meeting Minutes**

Meeting Date: 8/2/1999

Location: Independence Township Library

Meeting was called to order at 7:40PM by Chairman Haight

**Role Call:**

Members Present: Alma Goldner, Leslie Haight, and Don Wayne

Members Absent: Bud Olafsson and Kay Robertson

**Minutes of the last meeting:**

Don Wayne read the Meeting Minutes of 6/24/1999. A motion to approve the minutes was made by Alma Goldner. Don Wayne seconded the motion. The motion to approve the Minutes was carried by all of the Commissioners present.

**Old Business:**

None

**New Business:**

**Proposal**

Case: 41 N. Holcomb

Owner: Jeff and Carey Jones

Builder: Wallside Windows

Architect: N/A

The applicants propose to replace all windows in the home with Wallside solid-vinyl windows. The original structure was built in approximately 1880 and has had several additions over the years. The home is currently aluminum sided and has a variety of windows dating from the 1930s to the 1980s. Most windows are aluminum and are of poor quality. Many of the wooden windows are deteriorated and leak air and water. Mr. & Mrs. Jones want to replace all windows with double-hung design vinyl windows. They feel this design is more in keeping with the look of the home and they will make the home more livable.

The Commission discussed the type of windows, the age and style of the home, and the modern additions. After some debate about the appropriateness of vinyl windows, it was agreed that the proposed vinyl windows would be an improvement and that wooden windows were not practical from the economic perspective of the owners.

Mr. and Mrs. Jones also wish to remove the aluminum windows from the front porch and replace the shingles on the front of the home, behind the porch, with lapped cedar siding. They will retain the porch posts and original trim.

Don Wayne made a motion to issue a Certificate of Appropriateness. Alma Goldner seconded the motion.

Vote:

Alma Goldner            Yes

Don Wayne             Yes

Les Haight             Yes

*Approved  
9/9/99  
[Signature]*

The motion was carried and a Certificate of Appropriateness will be issued approving the installation of the vinyl windows and modifications to the porch.

**Adjournment:**

A motion to adjourn was made by Don Wayne and seconded by Kay Robertson. All the Commissioners carried the motion.

Submitted by Leslie L. Haight, 8/8/1999.

hdc meeting notes8-2-99.doc

# Clarkston Historic District - Project Detail Sheet

Address or Property Description: 41 North Holcomb

Clarkston

Applicant: Jeff & Carey Jones

Address: 41 N. Holcomb

Phone Number/Fax Number: (248) 922-3364

Date: 7-8-99

Description of Original Structure:

2 story single family dwelling

Architectural Style of Original Structure:

colonial?

Year Built: 1880

## Original Materials

Foundation: Fieldstone &

Siding: Aluminum

Windows: Wood & Vinyl

Trim: wood & aluminum

Shingles: ~~asphalt~~ asphalt

Porch: wood - enclosed

Other Important Characteristics:

Description of Proposed Project: Replace existing windows - no change in size or shape

Reason for Proposed Project: current windows are beyond repair

Architectural Style Chosen: all double-hung vinyl

## Project Materials

Foundation: \_\_\_\_\_

Siding: \_\_\_\_\_

Windows: dbl-hung vinyl

Trim: \_\_\_\_\_

Shingles: \_\_\_\_\_

Porch: \_\_\_\_\_

Other Important Characteristics:

# APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

City of the  
Village of Clarkston  
375 Depot Road  
Clarkston, MI 48346

APPLICANT INSTRUCTIONS: For all applications, complete Parts 1, 2, 3, 4 and 5 of this form. If electrical work, complete also Part 6. If plumbing work, complete also Part 7. If mechanical work, complete also Part 8. For other permits, complete also Part 9. Site Plan (Part 10) is to be shown on Page 4 or attached hereto. Parts 11-18 (Pages 5 and 6) are for department use only.

App. Date <b>7/8/99</b>	Type Permit <input checked="" type="checkbox"/> Building (B)	<input type="checkbox"/> Electrical (E)	<input type="checkbox"/> Plumbing (P)	<input type="checkbox"/> Mechanical (M)	<input type="checkbox"/> Other (O) (See item 9)	Is Owner Applicant (Y/N) <input checked="" type="checkbox"/>
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### \* 1. PROPERTY INFORMATION

Street Address <b>41 N. Holcomb</b>	Apt.	Zip <b>48346</b>	Parcel Number	Zoning
Subdivision	Lot Number	Parcel Type <input checked="" type="checkbox"/> Residential (R) <input type="checkbox"/> Commercial (C)	<input type="checkbox"/> Industrial (I)	<input type="checkbox"/> Other (O)

### \* 2. OWNER INFORMATION

First Name <b>Jeff Carey</b>	Last name or Business Name <b>Jones</b>	Phone <b>922-3364</b>
Street Address <b>41 N. Holcomb Rd</b>	City <b>Clarkston</b>	State Zip <b>MI 48346</b>

### 3. CONTRACTORS INFORMATION

	NAME OF CONTRACTOR <small>LAST NAME, FIRST NAME</small>	ST. ADDRESS	CITY, ST.	LICENSE NO.
Applicant (not owner)				
Architect / Engineer				
General Contractor				
Excavation				
Concrete				
Carpentry				
Electrical				
Plumbing				
Sewer				
Mechanical				
Roofing				
Masonry				
Drywall or Lathing				
Sprinkler				
Paving				
Fire Alarm				
windows	<b>Wallside Windows Company</b>			

### 4. CERTIFICATION

I hereby certify that I am the owner of record of the named property, or 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 I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

**Jeff Carey**      **41 N. Holcomb Clarkston**      **922-3364**  
SIGNATURE OF APPLICANT      ADDRESS      PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE NO.

No. 411 Street Northern Holcomb

**5. BUILDING PERMIT APPLICATION**

For Dept. Use Only	Request Plan No. Assignment (Y/N)	<b>PROPOSED USE:</b>		<b>INSTITUTIONAL</b>	<input type="checkbox"/> <b>OTHER (24)</b>
Plan Number		<b>ASSEMBLY</b>	<input type="checkbox"/> GROUP HOME (12)	PARKING GARAGE	
<b>IMPROVEMENT TYPE:</b>		<input type="checkbox"/> THEATRE (1)	<input type="checkbox"/> HOSPITAL (13)	CARPORT	
<input type="checkbox"/> NEW CONSTRUCTION (1)		<input type="checkbox"/> NIGHT CLUB (2)	<input type="checkbox"/> JAIL (14)	MOTOR FUEL SERV.	
<input type="checkbox"/> ADDITION (2)		<input type="checkbox"/> RESTAURANT (3)	<input type="checkbox"/> MERCANTILE (15)	REPAIR GARAGE	
<input type="checkbox"/> ALTERATION (3)		<input type="checkbox"/> CHURCH (4)	<b>RESIDENTIAL</b>	PUBLIC UTILITY	
<input checked="" type="checkbox"/> REPAIR / REPLACEMENT (4)		<input type="checkbox"/> OTHER ASSEMBLY (5)	<input type="checkbox"/> HOTEL, MOTEL (16)	HPM	
<input type="checkbox"/> DEMOLITION (5)		<input type="checkbox"/> BUSINESS (6)	<input type="checkbox"/> MULTI-FAMILY (17)	_____	
<input type="checkbox"/> RELOCATION (6)		<b>EDUCATIONAL</b>	<input type="checkbox"/> BOCA TWO FAMILY (18)	_____	
<input type="checkbox"/> FOUNDATION ONLY (7)		<input type="checkbox"/> (GRADES 1-12) (7)	<input type="checkbox"/> CABO TWO FAMILY (19)	_____	
<input type="checkbox"/> CHANGE OF USE ONLY (8)		<input type="checkbox"/> DAY CARE FACILITY (8)	<input type="checkbox"/> BOCA SINGLE FAMILY (20)	_____	
		<b>FACTORY</b>	<input type="checkbox"/> CABO SINGLE FAMILY (21)	_____	
		<input type="checkbox"/> MODERATE HAZARD (9)	<b>STORAGE</b>	_____	
		<input type="checkbox"/> LOW HAZARD (10)	<input type="checkbox"/> MODERATE HAZARD (22)	_____	
		<input type="checkbox"/> HIGH HAZARD (11)	<input type="checkbox"/> LOW HAZARD (23)	_____	

<b>Structural</b> (check that applicable) <b>Frame</b>	<b>Exterior</b> (Check those applicable) <b>Walls</b>
<input type="checkbox"/> Steel (1) <input type="checkbox"/> Concrete (3) <input type="checkbox"/> Other (5), Identify: _____	<input type="checkbox"/> Steel (1) <input type="checkbox"/> Concrete (3) <input type="checkbox"/> Other (5), Identify: _____
<input type="checkbox"/> Masonry (2) <input type="checkbox"/> Wood (4)      _____	<input type="checkbox"/> Masonry (2) <input type="checkbox"/> Wood (4)      _____

Are any **structural assemblies** fabricated off-site?     Yes     No

Street Frontage (Feet)	Stories (Number)	Lot Area (Sq. feet)
Front Setback (Feet)	Bed Rooms (Number)	Building Area (Sq. feet)
Rear Setback (Feet)	Full Baths (Number)	Parking Area (Sq. feet)
Left Setback (Feet)	Partial Baths (Number)	Living Area (Sq. feet)
Right Setback (Feet)	Garages (Number)	Basement Area (Sq. feet)
Height Above Grade (Feet)	Windows (Number) <b>14</b>	Garage Area (Sq. feet)
New Residential Units (Number)	Fireplaces (Number)	Office/Sales (Sq. feet)
Existing Residential Units (Number)	Enclosed Parking (Number)	Service (Sq. feet)
Elevators / Escalator (Number)	Outside Parking (Number)	Manufacturing (Sq. feet)
Est. Start <b>8/25/99</b>	Est. Finish <b>8/25/99</b>	Building Est. Value \$

**6. ELECTRICAL PERMIT APPLICATION**

Electrical Work  Yes  No

Total Service _____ AMPS	Number of Circuits: _____ 2 WIRE _____ 3 WIRE _____ 4 WIRE	Number of Service Outlets: _____ 110V _____ 220V
<b>POWER DEVICES</b>	<b>No.</b>	<b>OUTPUT/LOAD</b>
1		7
2		8
3		9
4		10
5		
6		
		Total Number of Motors

Utility Service Revisions: \_\_\_\_\_

Est. Start      _____ / _____ / _____	Est. Finish      _____ / _____ / _____	Electrical Work Est. Value \$
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