



## 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: 47 E. Church  
Owner: Tom and Alma Goldner  
Builder: Undecided  
Architect: Robyn Johnston

**Plans approved by the Commission on 6/21/2001\*.**

\*Expires 12 months from approval date.

#### Description:

Project consists of reconstruction of an existing summer porch (no heat) on the rear of the house.

#### Detail include:

- Removal of the existing walls and roof
- Raising the roof to allow for a standard size doorway
- Increase roof pitch for better drainage
- Wood construction and trim
- Composition shingles that match the existing house
- Combination aluminum storm door
- Aluminum porch windows

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

*Leslie L. Haight*

Leslie L. Haight

Date: 6/28/2001

*Commission  
copy*

# Clarkston Historic District - Project Detail Sheet

Address or Property Description: 47 E, Church St Clarkston, Mi: 48346

Applicant: THOMAS A. AND ALMA J. Goldstare

Address: 47 E, Church St.

Phone Number/Fax Number: 625-4654

Date: JUNE 8, 2001

Description of Original Structure:

1840 - 1850 - Greek Rev:

Architectural Style of Original Structure:

Greek - Rev:

Year Built: 1840 - 1850

## Original Materials

Foundation: Stone Rubble

Siding: Wood

Windows: Wood

Trim: WOOD

Shingles: ASPHALT

Porch: WOOD -

Other Important Characteristics:

## Description of Proposed Project:

Rear Porch added to house around turn of century!  
Replace roof improve elevation to get better  
flow of water, snow & ice much damage from ice dams  
past winter. Raise roof to bring eave way to  
6ft 8inch and better support and 8inch roof rafters.

Reason for Proposed Project: To improve structure and better  
storm & winter protection. There is no electric,  
plumbing, or heating on the porch -

Architectural Style Chosen: blend with house see prints.

## Project Materials

Foundation: Will use old foundation

Siding: wood

Windows: ?

Trim: wood

Shingles: ASPHALT

Porch:

Other Important Characteristics:

This is a repair and replacement project - no new  
footage to added -

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

**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>47 E. Church St.</u>	ZONING DISTRICT _____
	(NO.) (STREET)	
	BETWEEN <u>Buffalo St.</u> AND _____	(CROSS STREET) (CROSS STREET)
	(CROSS STREET)	
SUBDIVISION _____ LOT _____ BLOCK _____		LOT SIZE _____

**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 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 checked="" type="checkbox"/> Repair, replacement</p> <p>5 <input 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 - - - - -&gt; _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units - - - - -&gt; _____</p> <p>15 <input 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 - - - - -&gt; _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units - - - - -&gt; _____</p> <p>15 <input 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.....</p> <p style="text-align: right;">(Omit cents) <u>APPROX \$20000</u></p> <p>To be installed but not included in the above cost</p> <p>a. Electrical.....</p> <p>b. Plumbing.....</p> <p>c. Heating, air conditioning.....</p> <p>d. Other (elevator, etc.).....</p> <p>11. TOTAL COST OF IMPROVEMENT \$ _____</p>	<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 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 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.....</p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions.....</p> <p>50. Total land area, sq. ft. ....</p>
<p><b>F. PRINCIPAL TYPE OF HEATING FUEL</b></p> <p>35 <input 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 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>I. TYPE OF MECHANICAL</b></p> <p>Will there be central air conditioning?</p> <p>44 <input type="checkbox"/> Yes      45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes      47 <input type="checkbox"/> No</p>	<p><b>L. RESIDENTIAL BUILDINGS ONLY</b></p> <p>53. Number of bedrooms.....</p> <p>54. Number of bathrooms</p> <p style="margin-left: 20px;">} Full.....</p> <p style="margin-left: 20px;">} Partial.....</p>	

	Name	Mailing address - Number, street, city, and State	ZIP code	Tel. No.
1. Owner or Lessee	Thomas A. Golden	47 E. Church St. Charleston, Mi.	48346	625-4654
2. Contractor	Thor Olafson	43 N. Main St. Charleston.	Builder's License No.	
3. Architect or Engineer				

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	Address	Application date
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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 _____	<p align="center"><u>FOR DEPARTMENT USE ONLY</u></p> <p>Use Group _____</p> <p>Fire Grading _____</p> <p>Live Loading _____</p> <p>Occupancy Load _____</p>
Building Permit issued _____ 19 _____	
Building Permit Fee \$ _____	
Certificate of Occupancy \$ _____	
Drain Tile \$ _____	Approved by: _____
Plan Review Fee \$ _____	_____
	TITLE

COMPOSITION SHINGLES  
MATCH EXISTING)  
LAYERS 15# FELT  
AND WATER SHIELD at  
EAVES AND VALLEYS

12  
±3 (RIDGE TO ALIGN  
w/NORTH/SOUTH 1 STORY  
GABLE

REMOVE EXIST ROOF  
CONSTRUCTION

EXTERIOR PLYWOOD  
2x8 RAFTERS at 16" o.c.  
BEADED PLYWOOD CEILING

DRIP EDGE

1x2 on 1x8

3/8" PLYWOOD SOFFIT w/VENTS

1x1

1x TRIM on 2x POSTS

TREATED 2x4 w/EXP  
ANCHORS TO EXIST CONCRETE  
at 24" o.c.  
(COUNTER SINK ANCHOR)

DOVE MOLDING

EXISTING SLAB

EXIST  
POR  
REMOVE  
EXISTING  
ROOF  
REMOVE  
and WI

2x8 RAFTERS at 16" o.c.

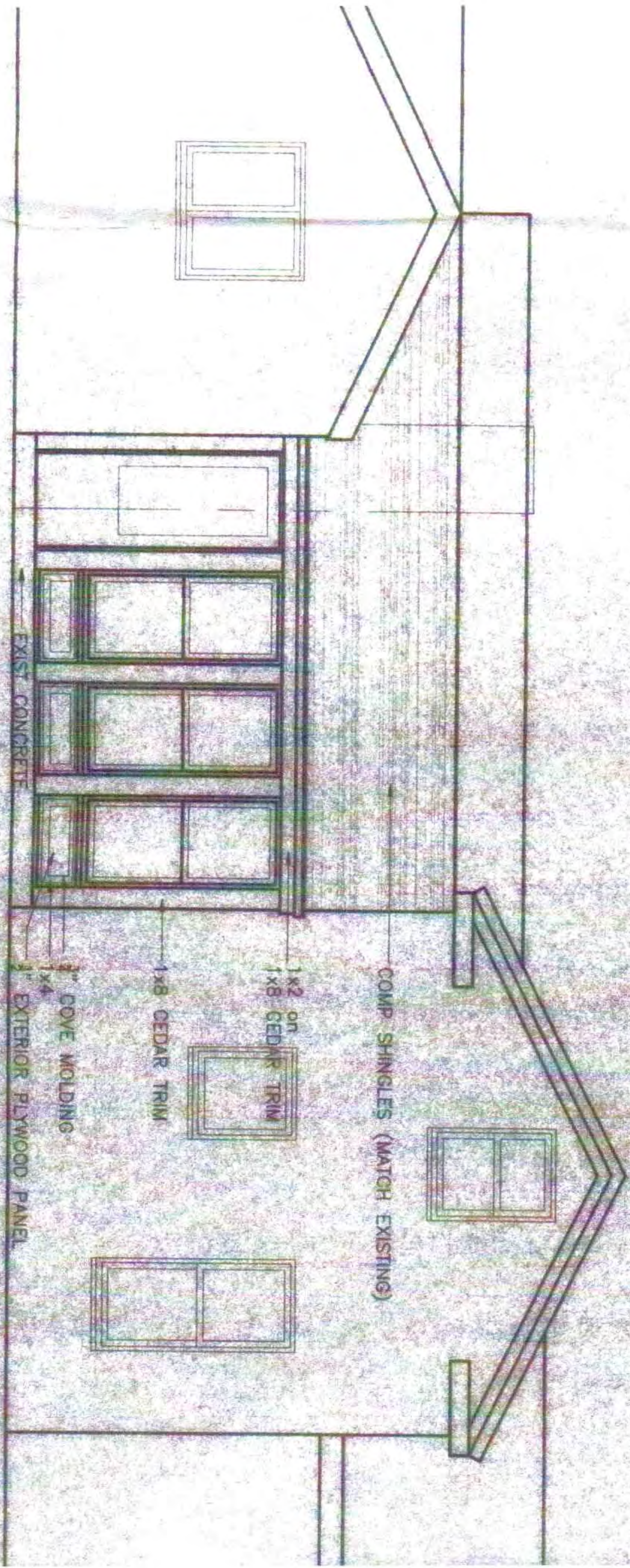
2'8x6'8  
COMBO  
STORM  
DOOR

30"x60"

1'-9 1/2" ± 3'-3" ± 3"

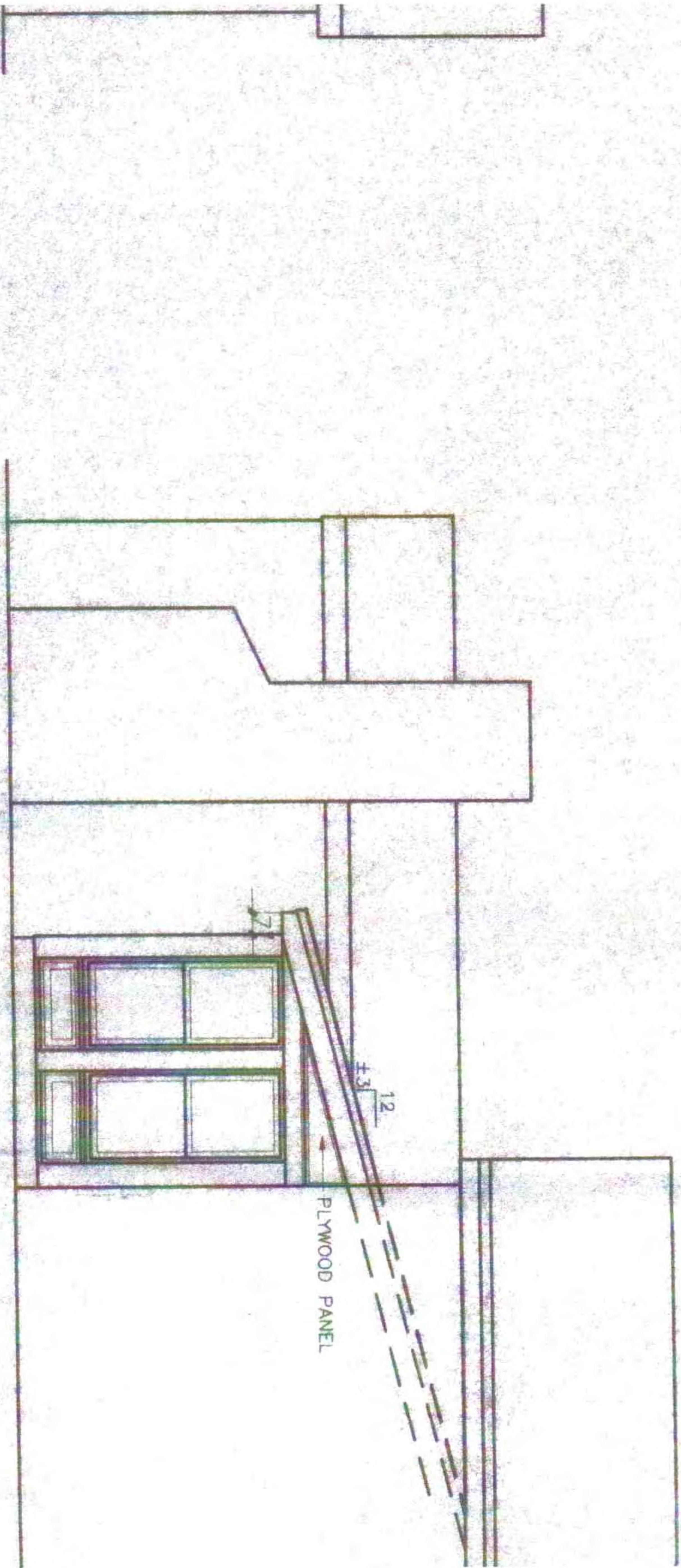
VERIFY DIMENSIONS w/

first



# rear elevation

SCALE: 1/4" = 1'-0"



# left elevation

SCALE: 1/4" = 1'-0"

SEE DRAW ELEVATIONS FOR ADDITIONAL NOTES