



# 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: 12 South Main Street  
Owner: David McNeven  
Builder: Signature Awning  
Architect: N/A


**Plans approved by the Commission on 9/9 /1999\*.**

\*Expires 12 months from approval date.

#### Description:

- Install a 23'X3'6"X3'6"Awning of 100% Acrylic woven fabric with a galvanized steel frame.
- Awning will have lettering for "Village Apparel & Gifts".
- Awning frame will be attached by drilling into the masonry and no other construction or electrical work will be required.

Chairman Signature:

  
Leslie L. Haight

Date: 9/13/99



# 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>8/5/99</b>	Type Permit <input 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)
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### 1. PROPERTY INFORMATION

Street Address <b>12 S MAIN</b>	Apt.	Zip	Parcel Number	Zoning
Subdivision	Lot Number	Parcel Type <input type="checkbox"/> Residential (R) <input type="checkbox"/> Commercial (C)	<input type="checkbox"/> Industrial (I) <input type="checkbox"/> Other (O)	

**625-8457 623-24** **2. OWNER INFORMATION (COACH'S CORNER)**

First Name <b>DAVE</b>	Last name or Business Name <b>McNeven Village Apparel + Gifts</b>	Phone
Street Address <b>12 S MAIN ST</b>	City <b>CLARKSTON</b>	State Zip <b>MI 48</b>

### 3. CONTRACTORS INFORMATION

	NAME OF CONTRACTOR <small>LAST NAME, FIRST NAME</small>	ST. ADDRESS	CITY, ST.	LICENSE NO.
Applicant (not owner)	<b>SIGNATURE AWNING</b>	<b>12283 MERRIMAN</b>		
Architect / Engineer		<b>LUDOWIA</b>	<b>48150</b>	
General Contractor		<b>734-762-9200</b>		
Excavation				
Concrete				
Carpentry				
Electrical				
Plumbing				
Sewer				
Mechanical				
Roofing				
Masonry				
Drywall or Lathing				
Sprinkler				
Paving				
Fire Alarm				

### 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.

SIGNATURE OF APPLICANT <b>David Gush Sales Rep</b>	ADDRESS <b>12283 MERRIMAN</b>	PHONE NO. <b>734-762-9200</b>
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE <b>Gordon STRACHON / sg</b>	<b>Some</b>	PHONE NO. <b>Home 248-681-1549</b>

No. Street



### 5. BUILDING PERMIT APPLICATION

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

<b>Structural</b> (check that applicable) <b>Frame</b> <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)	<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"/> Masonry (2) <input type="checkbox"/> Wood (4)
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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)	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    ____/____/____	Est. Finish    ____/____/____	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.    OUTPUT/LOAD</b>	<b>POWER DEVICES</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 \$



### 7. PLUMBING PERMIT APPLICATION

Plumbing Work  Yes  No

Enter the Number of Fixtures Being Installed, Replaced or Repaired				
Tubs/showers		Drinking Fountains		Back Flow Preventers
Shower Stalls		Floor Drains		Water Pumps
Lavatories		Water Heaters		Roof Openings
Toilets		Water Softeners		Parking Lot Drains
Urinals		Sewage Ejectors		Inside Downspouts
Sinks		Sump Pumps		Swimming Pools
Laundry Tubs		Grease Traps		Standpipes (Y/N) (Number Hose Outlets)
Dishwashers		Bidets		Fire Sprinklers (Y/N) (Number of Heads)
Garbage Disposals				Lawn Sprinklers (Y/N) (Number of Heads)
				Total Fixtures
Public Water (Y/N)		Public Sewer (Y/N)		
Water Service Size _____ IN.		Water Meter Size _____ IN.		Avg. Daily Water Use _____ GPD
Utility Service Revisions:				
Est. Start _____/_____/_____		Est. Finish _____/_____/_____		Plumbing Work Est. Value \$ _____

### 8. MECHANICAL PERMIT APPLICATION

Mechanical Work  Yes  No

Enter Number of New or Replacement Units				
Forced Air Furnace		Incinerator		Air Handling Unit
Unit Heater		Boiler		Heat Pump
Gas/Oil Conversion		Coil Unit		Air Cleaner
Space Heater		Window A/C Unit		Kitchen Exhaust Hood
Gravity Furnace		Split System A/C		Hazardous Exhaust System
Solid Fuel Appliance		A/C Compressor		Electric Furnace
Utility Service Revisions:				
Type of Heating Fuel: (Check One) <input type="checkbox"/> Gas (1) <input type="checkbox"/> Oil (2) <input type="checkbox"/> Electric (3) <input type="checkbox"/> Coal (4) <input type="checkbox"/> Wood (5) <input type="checkbox"/> Other (6)				
Est. Start _____/_____/_____		Est. Finish _____/_____/_____		Mechanical Work Est. Value \$ _____

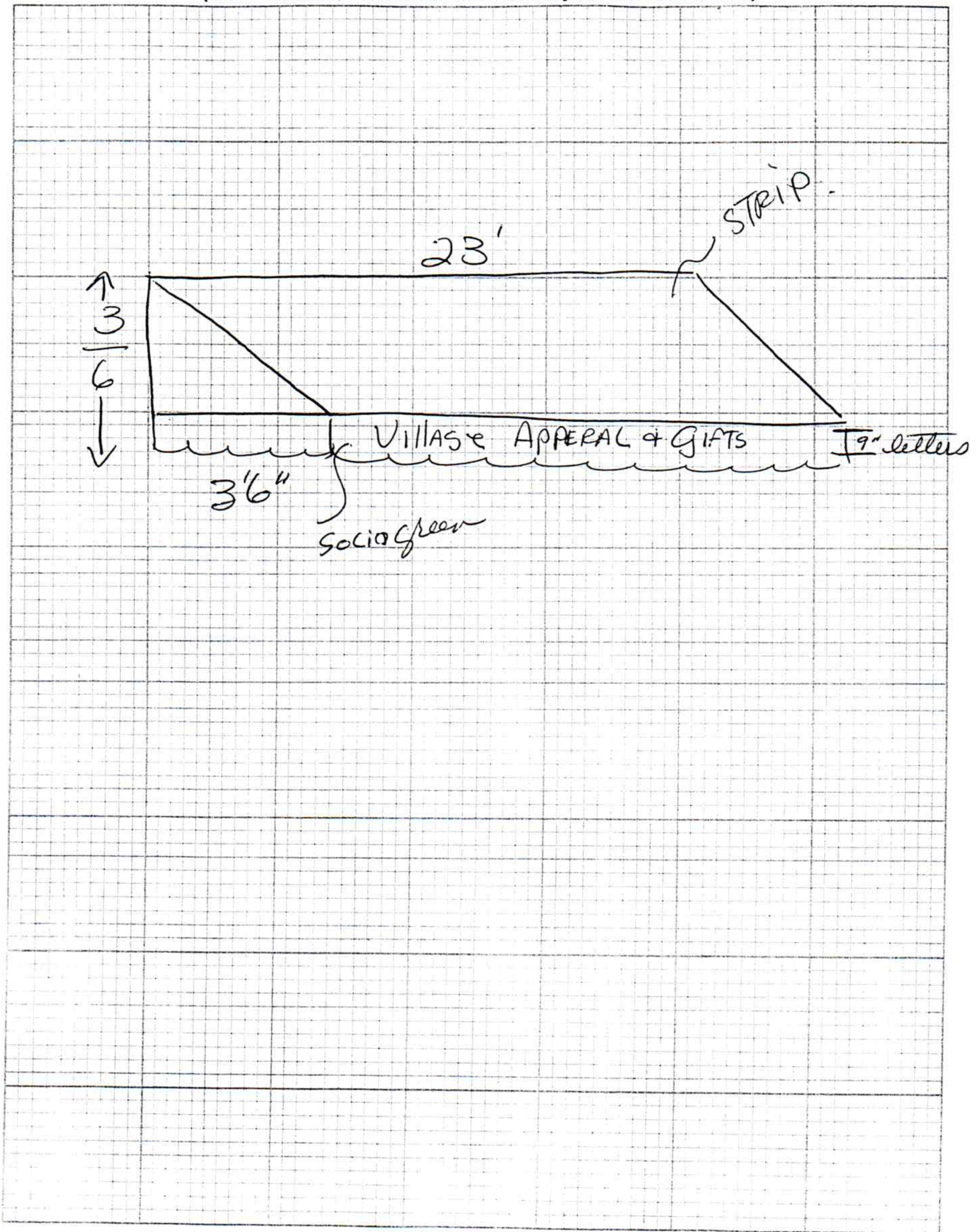
### 9. OTHER REQUIRED PERMIT APPLICATION(S)

Permit Type:		
Description of Work:		
Est. Start _____/_____/_____	Est. Finish _____/_____/_____	Est. Value \$ _____



10. SITE PLAN

(Show lot lines, easements and work layout and dimensions)

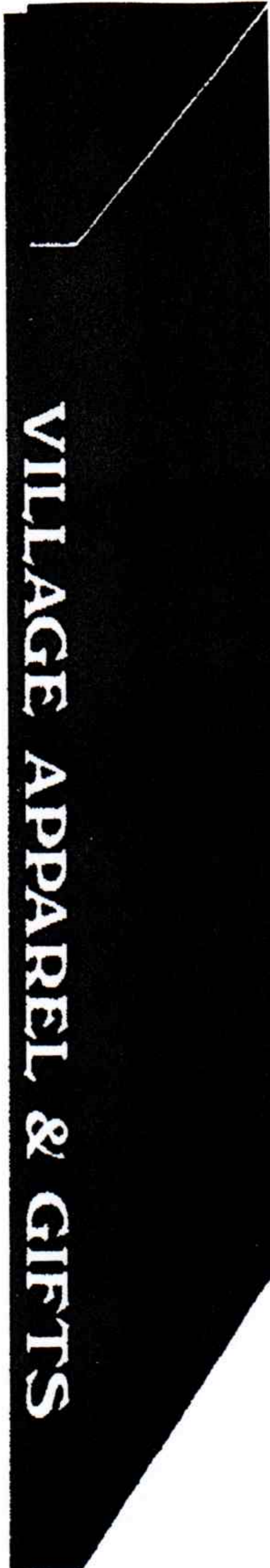


SCALE = 1 Inch = \_\_\_\_\_ FEET



74X 810-0000

COACH'S CORNER



STRIP

VILLAGE APPAREL & GIFTS

LETTERING: 8" X 100" (10 SQ FT)



# Clarkston Historic District Commission

375 Depot Road, Clarkston, MI 48346

## MEETING AGENDA

Meeting Date:

9/9/99

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 .

Minutes from previous Meeting

*read by Alma*

*motion by Don Wayne*

*seconded by Alma*  
*approved carried*

Old Business

None

New Business

Applicant:

Stephanie Vo

4 South Main St. – Victorian Village & 10 S. Main St.- Village Bake Shop

Installation of cloth awings with advertising

Applicant:

David McNeven

12 S. Main St. – Village Apparel and Gifts (Coach's Corner)

Installation of cloth awing with advertising

Applicant:

Lydia and Dale Strnad

129 N. Main St.

Construction of 1,152 sq. ft., 4-car detached garage

*motion by Alma*

*Bud seconds motion*

General Business

Members Reports:

*Bud yes*

*Alma yes*

*Don yes*

*Les yes*

Correspondence:

Issues:

Adjournment

*carried by all present*



## Victorian Village

### Bakery Shop

- can't remove masonry overhang
- galvanized steel framework.
- 100% acrylic weave
- will drill into masonry of building
- Existing sign for Tutor business will be removed.
- Attended by Mrs. Coventry and Robin Johnston

Bud made motion  
Alma seconded.

Bud yes  
Alma yes  
Don yes  
Les ~~absain~~

Certificate of appropriateness

Coaches Corner 12 Smain

no electrical  
or construction

Coaches corner sign will be removed  
~~add~~

Frame will be galvanized steel

Door will be retained and stopped.

Bud made motion

Alma seconded

Bud yes

Alma yes

Don yes

Les yes

Certificate of appropriateness  
will be issued