



CITY OF THE VILLAGE OF CLARKSTON

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

CITY OF THE VILLAGE OF CLARKSTON

Historic District Commission Certificate of Appropriateness

Plans for: 29 S. Holcomb St.
Construction of a detached garage
Owner: Lillian M. Shaw
Builder: Conrad Fulkerson – Oxford, MI
Architect: Keift Engineering

The project consists of the construction of a 22'x24' one-story, detached garage
The garage will have:

- Block foundation
- Lapped Hardiplank Fiber-cement siding
- Wood trim
- Asphalt shingles
- A window of solid-wood construction with individual panes of glass or muntin bars on the outside, to simulate individual panes of glass. The window may have vinyl or aluminum cladding.
- Garage door will be metal with the appearance of paneled wood and no windows.

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

Chairperson Signature:


Leslie L. Haight

Date:

10/1/2003

Clarkston Historic District - Project Detail Sheet

Address or Property Description 27 S. Holcomb

Applicant: Lillian M. Shaw

Address: 29 S. Holcomb

Phone Number/Fax Number: 248-620-4948

Date: 9-12-03

Description of Original Structure:

Architectural Style of Original Structure: Greek Revival

Year Built: _____

Original Materials

Foundation: _____

Siding: _____

Windows: _____

Trim: _____

Shingles: _____

Porch: _____

Other Important Characteristics: _____

Description of Proposed Project: Garage - The garage will follow the design of the front of the house; try to be as close as possible

Reason for Proposed Project: _____

Inside parking

Architectural Style Chosen: Greek Revival

Project Materials:

Foundation: Concrete

Siding: lapped Hardiplank

Windows: cement-fiber board solid wood

Trim: Wood

Shingles: Asphalt

Porch: None

Other Important Characteristics: Steel vehicle door with simulated wood panels.

[Signature]
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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>Lillian M. Shaw</i>		ADDRESS <i>29 S. Holcomb</i>		
CITY <i>Clarkston</i>	VILLAGE	TOWNSHIP	COUNTY <i>Oakland</i>	ZIP CODE <i>48346</i>
BETWEEN		AND		
II. IDENTIFICATION				
A. OWNER OR LESSEE				
NAME <i>Lillian M. Shaw</i>		ADDRESS <i>29 S. Holcomb</i>		
CITY <i>Clarkston</i>	STATE <i>Mi</i>	ZIP CODE <i>48346</i>	TELEPHONE NUMBER	
B. ARCHITECT OR ENGINEER				
NAME <i>Keith Eng.</i>		ADDRESS <i>5852 S. MAIN</i>		
CITY <i>Clarkston</i>	STATE <i>Mi</i>	ZIP CODE <i>48346</i>	TELEPHONE NUMBER <i>248-625-5251</i>	
LICENSE NUMBER			EXPIRATION DATE	
C. CONTRACTOR				
NAME <i>CONARD FULKERSON</i>		ADDRESS <i>Sartmouth</i>		
CITY <i>Oxford</i>	STATE <i>Mi</i>	ZIP CODE	TELEPHONE NUMBER	
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				
A. TYPE OF IMPROVEMENT				
1. <input checked="" 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 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 FAMILY3. ☐ HOTEL, MOTEL
NO. OF UNITS _____5. ☒ DETACHED GARAGE2. ☐ TWO OR MORE FAMILY
NO. OF UNITS _____4. ☐ ATTACHED GARAGE6. ☐ OTHER _____

B. NON-RESIDENTIAL

C. COST

(Omit cents)

10. Cost of improvement.....\$
*To be installed but not included
in the above cost*

a. Electrical.....

b. Plumbing.....

c. Heating, air conditioning.....

d. Other (elevator, etc.).....

11. TOTAL COST OF IMPROVEMENT

\$17,000.00

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.

V. SELECTED CHARACTERISTICS OF BUILDING

A. PRINCIPAL TYPE OF FRAME

1. ☐ MASONRY, WALL BEARING2. ☒ WOOD FRAME3. ☐ STRUCTURAL STEEL4. ☐ REINFORCED CONCRETE5. ☐ OTHER

B. PRINCIPAL TYPE OF HEATING FUEL

None

6. ☐ GAS7. ☐ OIL8. ☐ ELECTRICITY9. ☐ COAL10. ☐ OTHER

C. TYPE OF SEWAGE DISPOSAL

None

11. ☐ PUBLIC OR PRIVATE COMPANY12. ☐ SEPTIC SYSTEM

D. TYPE OF WATER SUPPLY

None

13. ☐ PUBLIC OR PRIVATE COMPANY14. ☐ PRIVATE WELL OR CISTERN

E. TYPE OF MECHANICAL

15. WILL THERE BE AIR CONDITIONING? ☐ YES ☒ NO16. WILL THERE BE FIRE SUPPRESSION? ☐ YES ☐ NO

F. DIMENSIONS/DATA

SEE PLAN

17. NUMBER OF STORIES _____

18. USE GROUP _____

19. CONST. TYPE _____

20. NO. OF OCCUPANTS _____

21. FLOOR AREA:

BASEMENT

1ST & 2ND FLOOR

3RD - 10TH FLOOR

11TH - ABOVE

TOTAL AREA

EXISTING

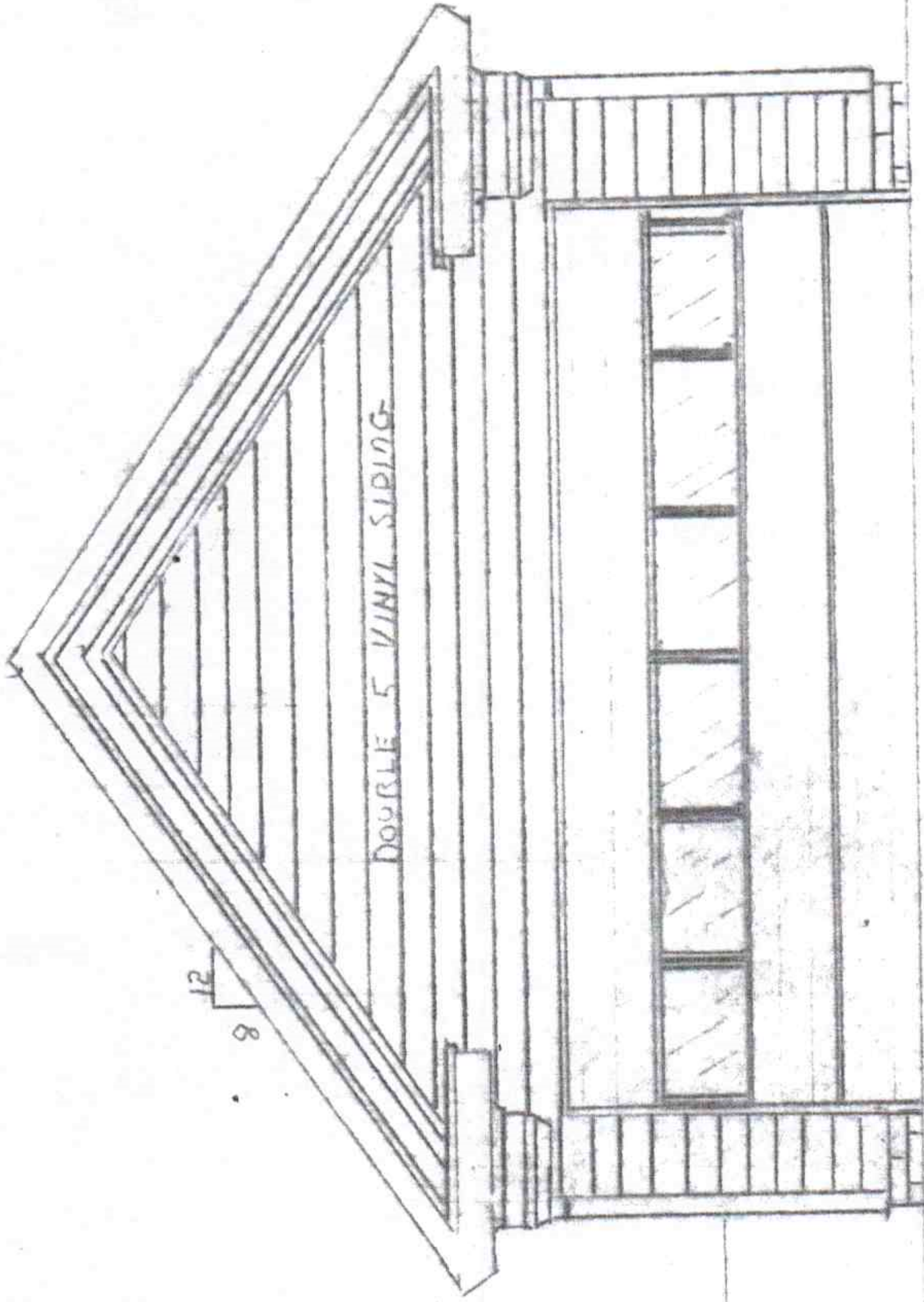
ALTERATIONS

NEW

G. NUMBER OF OFF STREET PARKING SPACES

22. ENCLOSED _____

23. OUTDOORS _____



6" wood corners

FRONT ELEVATION

WILLIAM L. SHAW
275. HOLEOMBS
CLARKSTON MICH 48346

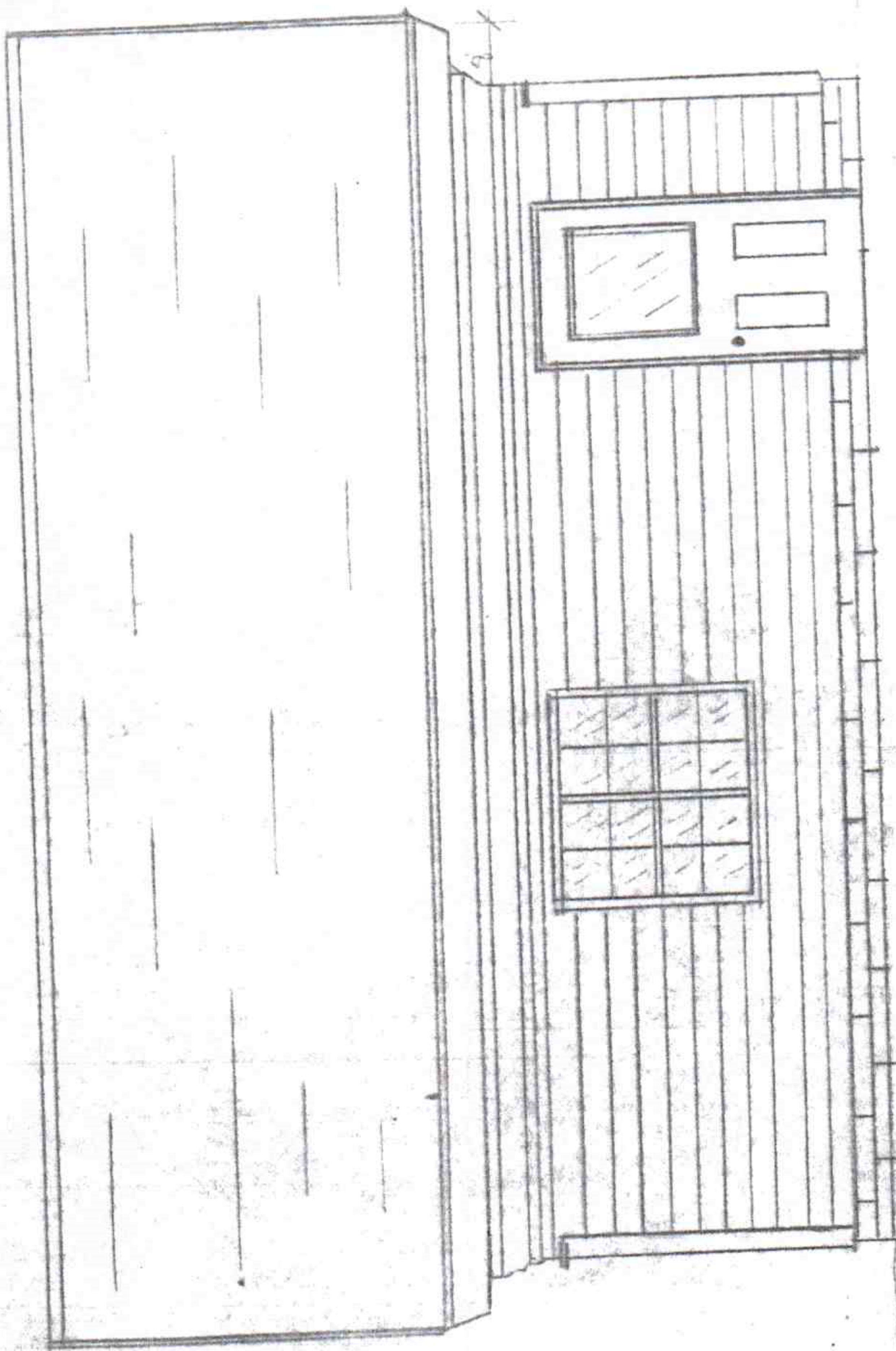
APPROVED BY:

SCALE: 1/4" = 1'0"

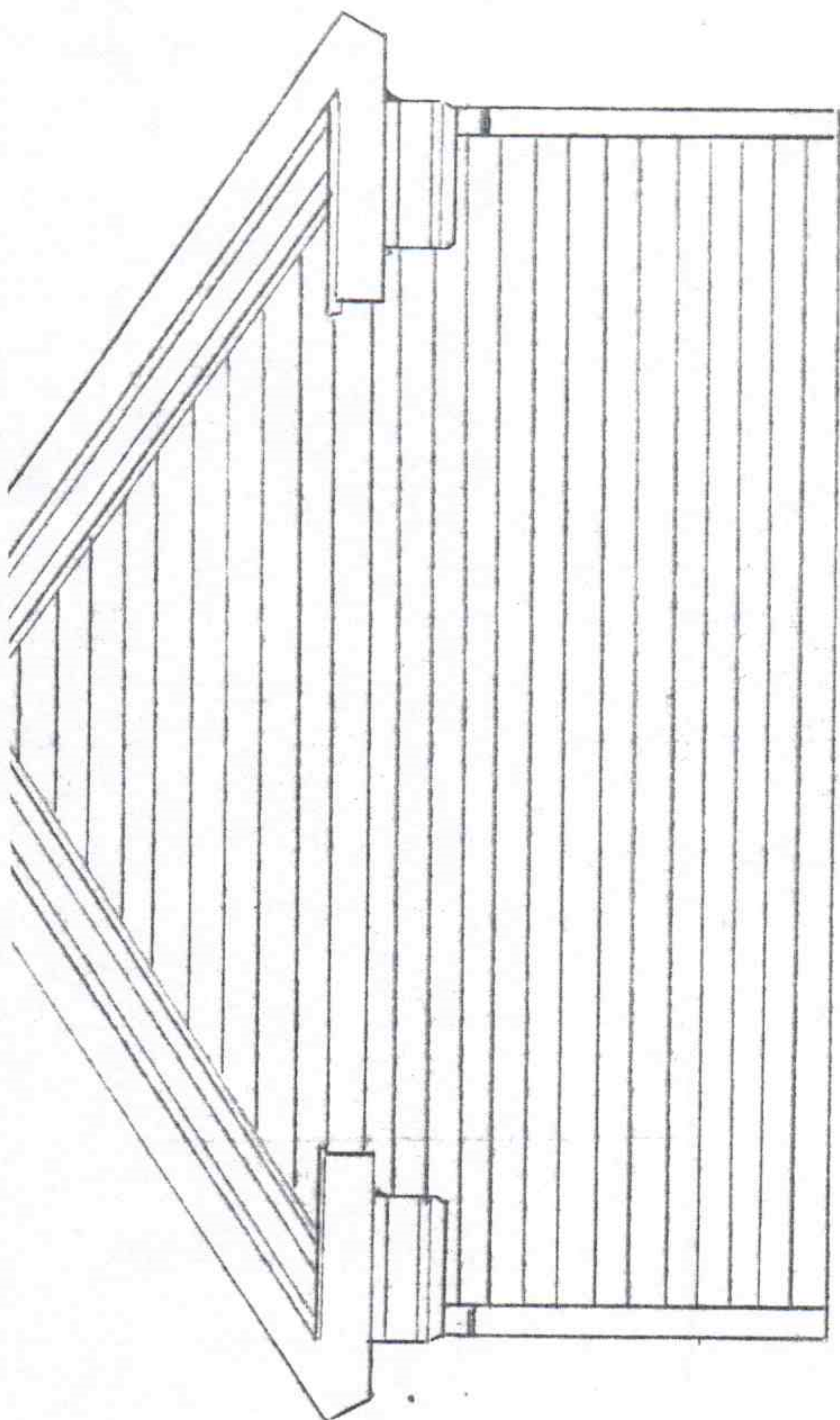
DATE: 9-8-03

DRAWN BY

REVISED



LEFT ELEVATION



BACK ELEVATION