CITY OF WAKEFIELD
RECREATION DESTINATION

PLANNING COMMISSION MEETING
MONDAY, SEPTEMBER 16, 2019
5:00 P.M.

1) Call to Order
2) Pledge of Allegiance to the Flag of the United States
3) Roll Call
4) Consent Agenda:

   a. September 4, 2019 regular Planning Commission meeting minutes

5) Approval of Agenda as presented

6) Public Hearing

   a. House Addition and Garage set back Variance 510 Olson Ave
   b. Garage se back Variance 205 Hancock St

7) Public Comment (Citizens are allowed up to three (3) minutes)
8) Unfinished Business:

9) New Business:
   a) Rezoning Request

10) Announcements:

   a. City Council meeting, Monday, September 23, 2019 at 5:30 P.M.
   b. Planning Commission meeting, Monday, August 5, 2019 at 5:30 P.M.

11) Adjournment

Notice All matters listed under the heading Consent Agenda are considered to be routine by the Council and will be enacted by one motion. There will not be separate discussion of these items. If discussion is desired, that item will be removed from Consent Agenda and considered separately under New Business.

PAID
AUG 29 2019
City of Wakefield
Finance Clerk

ck#2229
80

CITY OF WAKEFIELD
RECREATION DESTINATION

APPLICATION FOR CONDITIONAL USE

FEE: $200.00

Location Information for Conditional Use

Address: 510 Olson Ave, Wakefield, MI 49968

Closet Major Cross streets: Peters and Olson Ave

Direction to Site: US 2 South 4 blocks on Olson Ave NE CORNER

Tax/Parcel Number: 53-06-000-500 Current Zoning(Circle One): R1 R2 R3 C1 C2 I O

Plot/Site Plan and Other Information Requirements

On a 8 ½"x11" sheet of white paper, provide a pen and ink drawing to scale that includes all of the following:

1. Property shape, dimensions, area and intended use
2. Dimensions, location (distance from lot lines) of the building(s) to be used, be erected, moved or expanded on the property
3. Location of all abutting streets
4. Photos of property and buildings are encouraged

Reason for Request: setback varience

Please note the circumstances of the conditional use request.
building Addition to property line

Before any construction starts or any issuance of a building permit is granted, an approved Conditional Use Permit must be on file.

Identification: To be completed by all applicants

	Name	Mailing Address: Number Street, City, and State	Zip Code	Telephone
Owner or Lessee	Julie Imhoff	510 Olson Ave	49968	906-364-0667
Applicant-For Owner				

The undersigned applicant hereby swears that the information contained in this application together with any attached exhibits or supplemental information is correct and true and that I will comply with all other State and Federal Law.

Signature of Applicant	Address	Application Date
Julie Imhoff	510 Olson Ave Wakefield, MI 49968	8-28-19

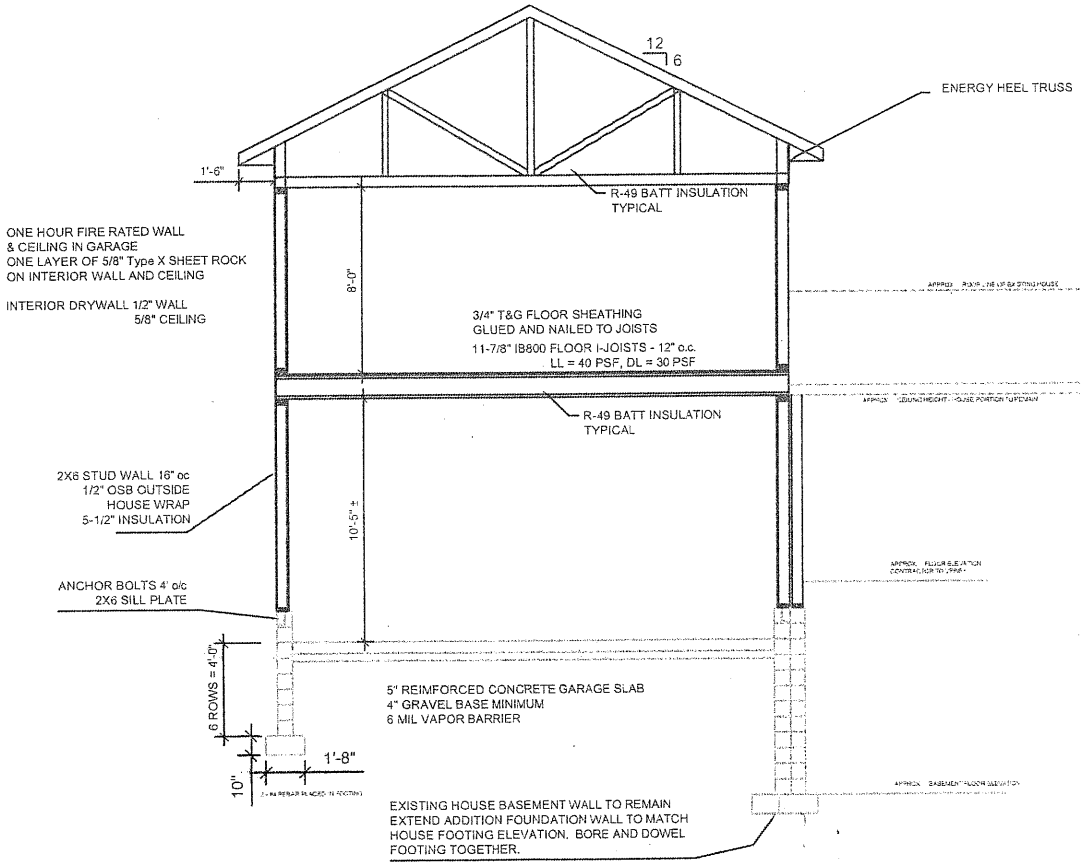
julieimhoff@yahoo.com

BUILDING ADDITION PROJECT

CONTRACTOR SHALL VERIFY ALL DIMENSION AND SPANS PRIOR TO ORDERING ROOF TRUSSES AND FLOOR TRUSSES

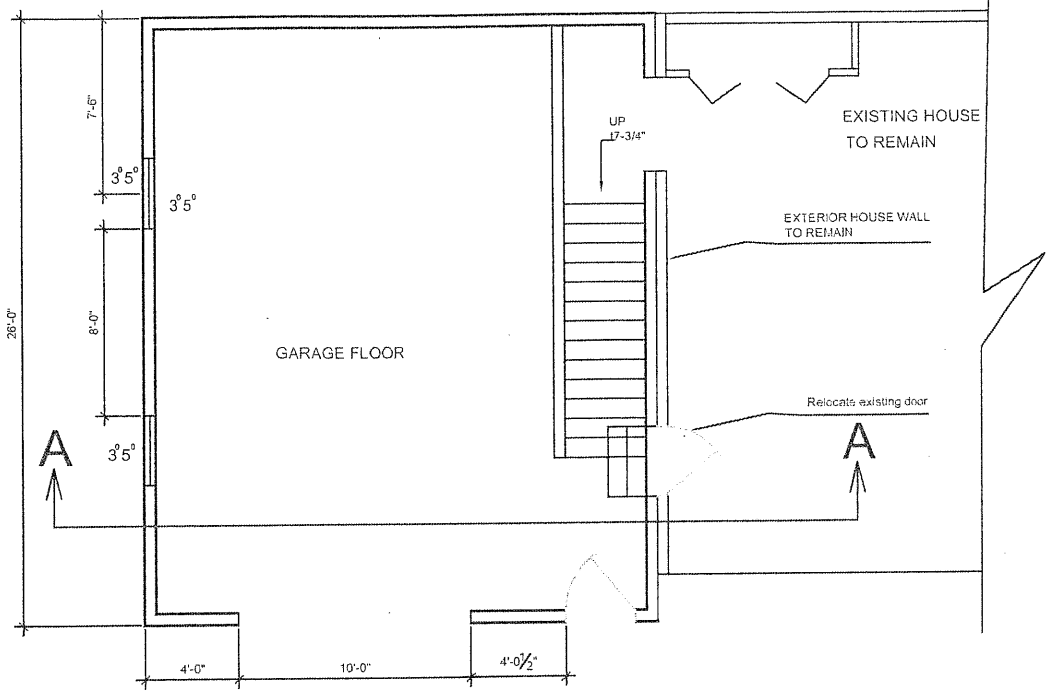
ADJUSTMENTS MAY BE REQUIRED TO MATCH EXISTING BUILDING DIMENSIONS

WINDOW AND DOOR SIZES AND STYLES BY HOME OWNER
VERIFY LOCATION AND SIZING PRIOR TO FRAMING



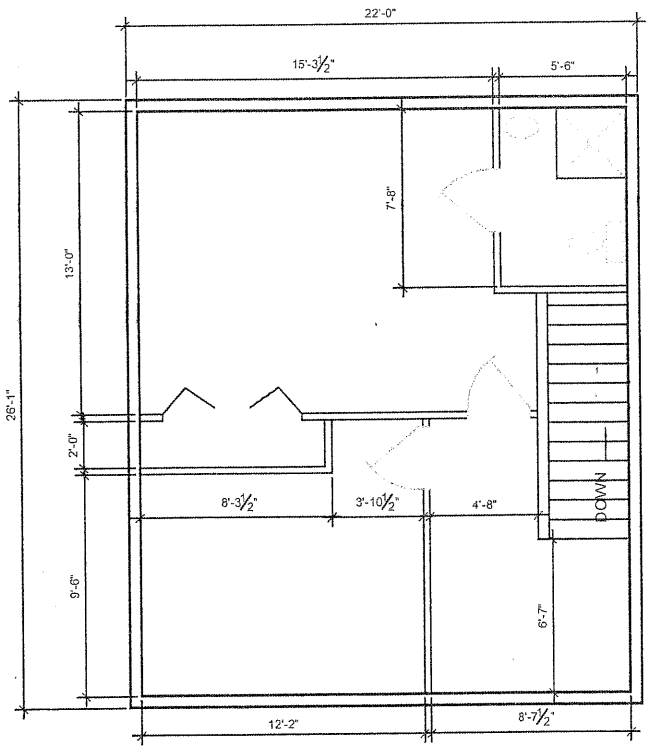
CROSS SECTION A-A

SCALE: 1/4" = 1'



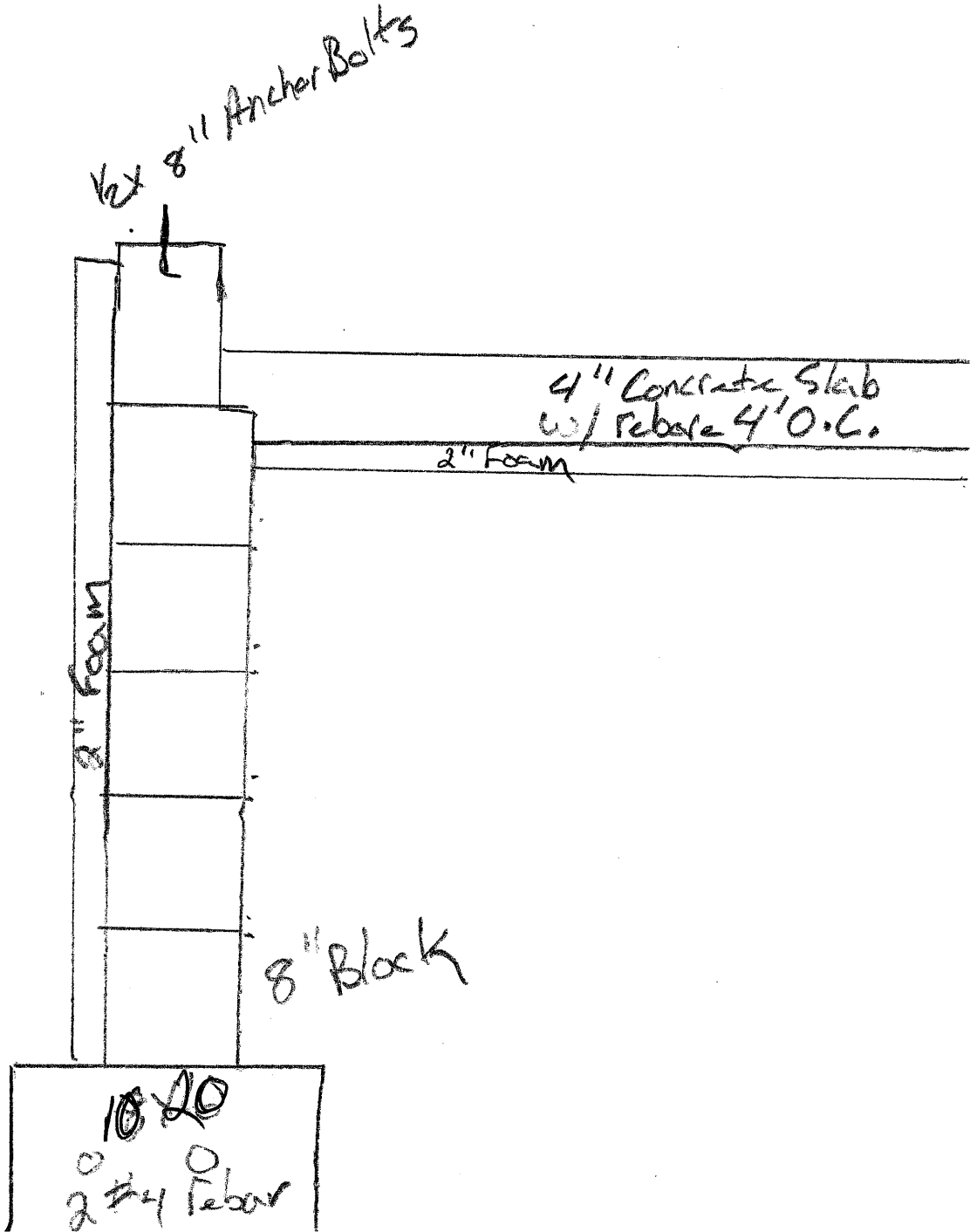
FLOOR PLAN - GARAGE

SCALE: 1/4" = 1'



FLOOR PLAN - LOFT

SCALE: 1/4" = 1'


½x 8" Anchor Bolts
4" Concrete Slab
w/ Rebar 4' O.C.
2" Foam
2" Foam
8" Block
10 x 20
2 #4 Rebar

PERMIT #24

PAID

AUG 27 2019

CK#2225

City of Wakefield
Finance Office

4/50

BUILDING PERMIT APPLICATION

CITY OF WAKEFIELD
509 SUNDAY LAKE STREET
WAKEFIELD, MI 49968
www.cityofwakefield.org

1. CONSTRUCTION LOCATION: (must be specific, we need to be able to find your project)

ADDRESS 510 Olson Ave Wakefield, MI 49968
Number, Street, City, State, Zip

This project is located between Olson Ave and Peters
Street/Road Street/Road

Special directions

CITY: PROPERTY CODE #: 2753- - -

2. PROPERTY OWNER OR LESSEE:

NAME Julie Imhoff

ADDRESS 510 Olson Ave
Number, Street, City, State, Zip

HOME PHONE 906-364-0667 WORK PHONE FAX

3. CONTRACTOR INFORMATION (keep in mind that all contractors offering to do work which totals $600 or more for labor and materials must have a State of Michigan license. The following information is required) If you need more space than provided you may include a separate sheet of paper.

NAME OF CONTRACTOR Scott McLaughlin

ADDRESS 205 Howell St. Bessemer MI 49911
Number, Street, City, State, Zip

PHONE 906-391-0050 FAX

LICENSE NUMBER 2101176800 EXPIRATION DATE 5/31/2020
Federal employee ID number or reason for exemption 38-3672682
Workers compensation insurance carrier or reason for exemption Auto Owners
MESC employer number or reason for exemption

NAME OF CONTRACTOR Scott McLaughlin

ADDRESS 205 Howell St Bessemer MI 49911
Number, Street, City, State, Zip

PHONE 391-0050 FAX
Federal employee ID number or reason for exemption 38-3672682
Workers compensation insurance carrier or reason for exemption Auto owners
MESC employee number or reason for exemption

4. ARCHITECT OR ENGINEER INFORMATION (when applicable)

NAME OF ARCHITECT OR ENGINEER

ADDRESS
Number, Street, City, State, Zip

PHONE FAX

5. TYPE OF COMMERCIAL PROPERTY IMPROVEMENT:
Use Group _____ Construction Type _____Occupant Load _____No. of stories_____

_____Addition, used as_____ _____Alteration
_____New Building, used as _____ _____Sign

How many off street parking spaces: _____enclosed _____outdoors

THE PROJECT WILL CONSIST OF: (separate permits are required for each roof structure)

_____Stick built home
____with attached garage
_____State of Michigan approved manufactured home, Serial numbers (when available)_____
____with attached garage
_____HUD approved mobile/doublewide, Title numbers (when available)_____
____With attached garage
_____Addition
_____Alteration/remodel
_____Deck /Porch
____with a roof structure ____without a roof structure
__X__ Garage
_____detached __X__attaching to existing residence
_____Pole building
_____Storage building/utility building/accessory building—frame construction
_____Pool
_____below ground _____above ground
_____Fire job
_____Pre-Sale Inspection
_____Demolition, most recent use_____

6. PLEASE ANSWER THE FOLLOWING QUESTIONS:

The foundation will be:	_____full basement	__X__crawl space	_____ floating slab
	_____ pole	_____piers	_____ trench
	_____ poured concrete walls	__X__block walls	_____ wood
The principal type of frame will be:	__X__ wood	_____post	_____ masonry
	_____ structural steel	_____other	
The principal type of heating fuel:	_____ natural gas	_____ propane gas	_____fuel oil
	_____ electric	_____ other	
The type of water supply is:	_____ private	__X__ public system	
The type of sewage disposal is:	_____ private	__X__ public system	
The number of bedrooms involved:	__1__		
The number of bathrooms involved:	_____ full	__1__half	_____unisex (Commercial)
Will this project have an elevator?		_____ yes	__X__ no
Will this project have a fire suppression system?		_____ yes	__X__ no

Will this project have a fireplace? _____ yes X no

If yes, what kind? _____ masonry
_____ pre-manufactured zero-clearance
_____ pre-manufactured gas burning

STRUCTURAL ELEMENTS:

This project will use: X truss' spaced 24 "on center (provide manufacturers engineering)
___ rafters _____" x _____" spaced _____" on center

Exterior walls: ___ 2" x 4" spaced _____" on center
X 2" x 6" spaced 16 " on center

Floor joists: ___2" x 6" spaced _____" on center
___2" x 8" spaced _____" on center
___2" x 10" spaced _____" on center
___2" x 12" spaced _____" on center
X TJI's 11 7/8" 16" oc. 18' span (provide manufacturers engineering)

Support Columns: ___wood ___ x ___ spaced ___" on center
___ steel ___ diameter ___other spaced ___" on center

7. DIMENSIONS OF PROJECT:

		OFFICE USE ONLY/FEES FOR BUILDING	PLAN REVIEW
Base fee			
Basement, unfinished	_____ x _____ = _____ sq. ft.	x____ =_____	
Basement, finished	_____ x _____ = _____ sq. ft.	x____ =_____	
___ cement slab X crawl space			
Main floor	22 x 26 = 572 sq. ft.	x____ =_____	
Upper level or loft area	22 x 26 = 572 sq. ft.	x____ =_____	
Garage	_____ x _____ = _____ sq. ft.	x____ =_____	
X attached ___detached			
Pole building	_____ x _____ = _____ sq. ft.	x____ =_____	
Utility/accessory building	_____ x _____ = _____ sq. ft.	x____ =_____	
Alteration/remodel	_____ x _____ = _____ sq. ft.	x____ =_____	
Deck, with a roof structure	_____ x _____ = _____ sq. ft.	x____ =_____	
Without a roof structure	_____ x _____ = _____ sq. ft.	x____ =_____	
Porch, with a roof structure	_____ x _____ = _____ sq. ft.	x____ =_____	
Without a roof structure	_____ x _____ = _____ sq. ft.	x____ =_____	
Pool	_____ x _____ = _____ sq. ft.	x____ =_____	
Fire job	_____ x _____ = _____ sq. ft.	x____ =_____	
Other	_____ x _____ = _____ sq. ft.	x____ =_____	

TOTAL SQUARE FOOTAGE OF PROJECT _____SQ.FT.

YOUR ESTIMATED COST OF THIS PROJECT
(should include building, electrical, mechanical & plumbing)

$29,000 OC

1
572
572
4

-Continue on page 4-

8. Any Construction within 500 feet of any water body, any construction area or land clearing work larger than one acre of land. A **GOGEBIC COUNTY SOIL EROSION PERMIT IS REQUIRED.**

   My project is approximately _____ feet from a lake, river, stream or county drain. My soil erosion permit number is _____.

   The bottom of the lowest horizontal structural member of this project will be approximately _____feet above summer lake level.

   This project is in a flood hazard area; my DEQ permit number is _____. The 100 year floodplain elevation or rise at this location is _____ determined by _____.

   Since my project is in a floodplain hazard area, I understand that certain building restrictions and regulations will apply. Before construction begins, I must have a registered surveyor create an on site bench mark, upon completion and before occupancy of this project I must submit a certificate of as-built elevation from a registered land surveyor.

   Signature_____Date_____

10. **APPLICANT INFORMATION:**

   Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information.

   I hereby certify that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/hers authorized agent and I 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, ACT NO. 230 OF THE PUBLIC ACTS OF 1972, BEING SECTION 125.1523A OF THE MICHIGAN COMPILED LAWS, 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. VIOLATERS OF SECTION 23A ARE SUBJECT TO CIVIL FINES. (This means, it is illegal in the State of Michigan to hire or use unlicensed people to perform work for you.)

   _____ **DATE** 8-27-19
   SIGNATURE OF APPLICANT (Be sure you understand the above)

   ADDRESS 510 Olson Ave Wakefield, MI 49968
   Number, Street, City, State, Zip

   PHONE 906-364-0667

11. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS INFORMATION:

   The building official of the City of Wakefield has completed the necessary review on the above application along with submitted documents and is approving that the permit be issued.

   BUILDING OFFICIAL'S
   SIGNATURE_____DATE_____

   COMMENTS:

   Donald "Butch" Saari
   Building Inspector
   (906)932-5979
   (906)364-1277

September 9, 2019

City of Wakefield Planning Commission
509 Sunday Lake Street
Wakefield, Michigan 49968

RE: 510 Olson Avenue variance request

Dear Planning Commission Members,

We received the City Planning Commission's Notice of Public Hearing for Ms. Julie Imhoff's request for a side yard Setback Variance at 510 Olson Avenue. We are aware of the proposed project and support the issuance of the variance that is necessary to complete the project. The variance will not adversely impact any neighboring property.

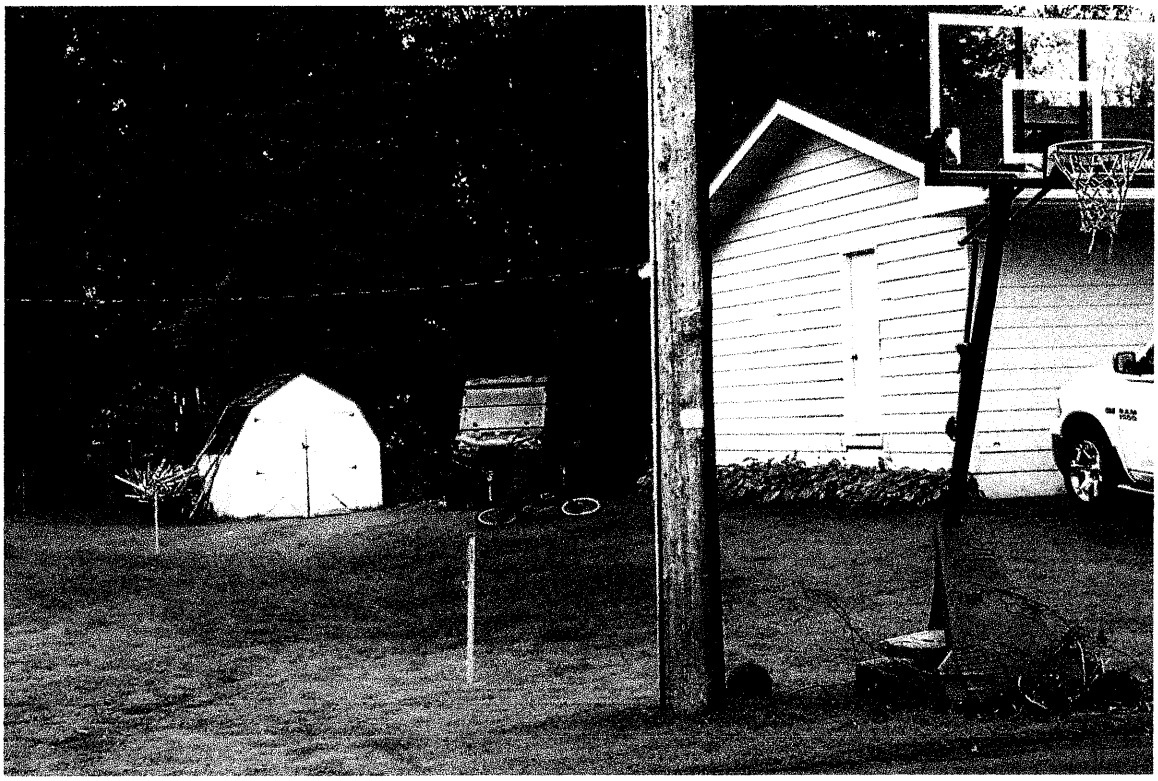
In the past, the Planning Commission would request pictures to clarify the proposal. Therefore, attached are two photos taken from our property that show the proposed project area.

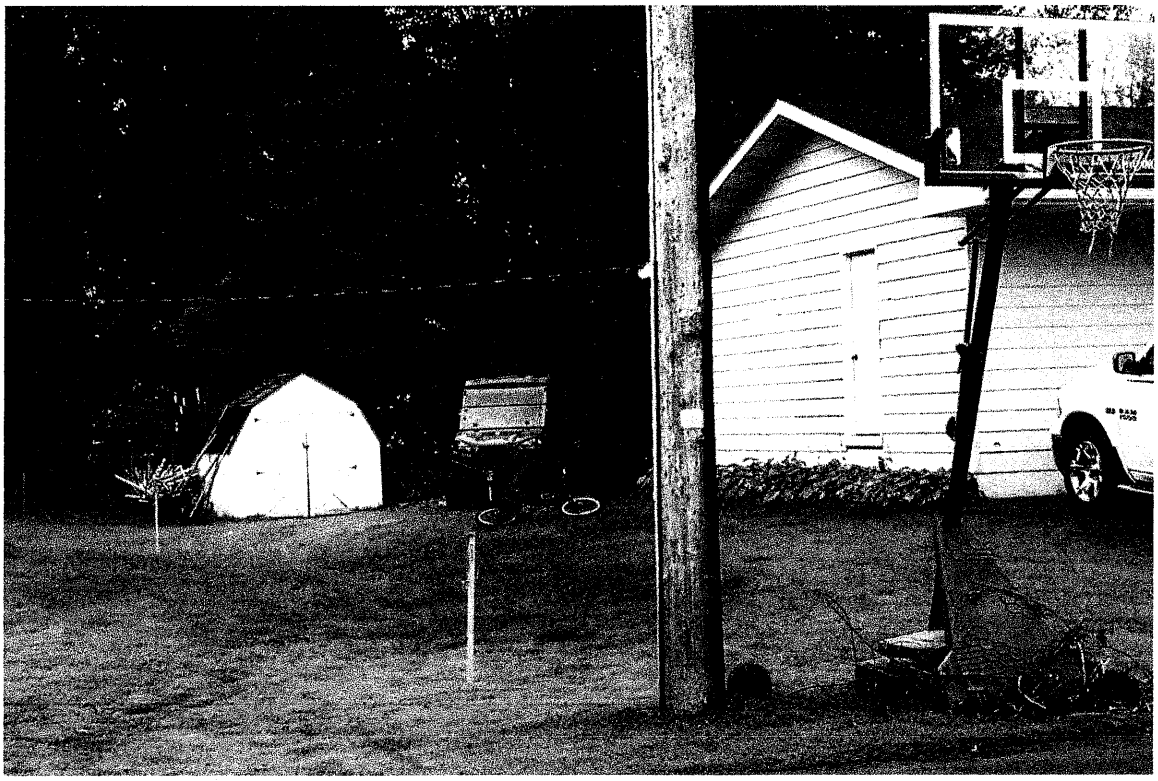
We would attend the Public Hearing, but, unfortunately, we will be out of town that evening. Although there would be an increase in the tax base, there are no negative issues. Therefore, we support the variance request of Ms. Imhoff. If you have any questions or concerns, please do not hesitate to contact us. Thank you for your consideration.

John C. Siira

Barbara J. Siira

!011 Peters Street
Wakefield, Michigan 49968
(906) 229-5168





PAID
AUG 30 2019
City of Wakefield
Finance Office

CITY OF WAKEFIELD
RECREATION DESTINATION

APPLICATION FOR CONDITIONAL USE

FEE: $200.00 cash

Location Information for Conditional Use

Address: 205 Hancock, Wakefield, MI 49968

Closet Major Cross streets: Eddy St. and Asherman

Direction to Site: behind Pertula's car care

Tax/Parcel Number: _____ Current Zoning(Circle One): R1 R2 R3 C1 C2 I O

Plot/Site Plan and Other Information Requirements

On a 8 ½"x11" sheet of white paper, provide a pen and ink drawing to scale that includes all of the following:

1. Property shape, dimensions, area and intended use
2. Dimensions, location (distance from lot lines) of the building(s) to be used, be erected, moved or expanded on the property
3. Location of all abutting streets
4. Photos of property and buildings are encouraged

Reason for Request: The garage would be too close to house

Please note the circumstances of the conditional use request.

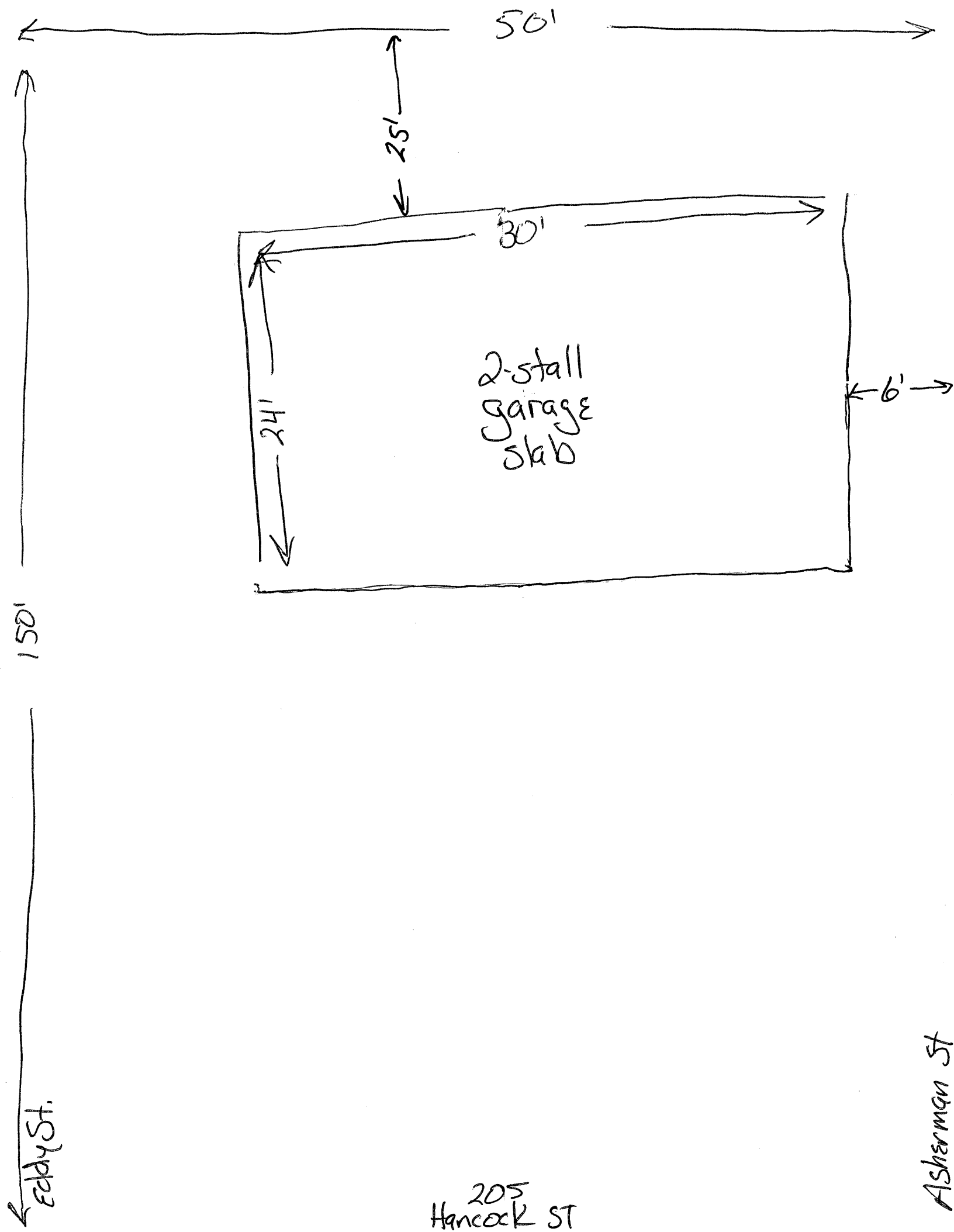
Before any construction starts or any issuance of a building permit is granted, an approved Conditional Use Permit must be on file.

Identification: To be completed by all applicants

Name	Mailing Address: Number Street, City, and State	Zip Code	Telephone
Owner or Lessee	Robert Paynter 205 Hancock, Wakefield Mi 49968		224-7241
Applicant-For Owner			

The undersigned applicant hereby swears that the information contained in this application together with any attached exhibits or supplemental information is correct and true and that I will comply with all other State and Federal Law.

Signature of Applicant	Address	Application Date
Robert Paynter	205 Hancock, Wakefield	8-30-19


50'
25'
30'
24'
2-stall
garage
slab
6'
150'
Eddy St.
205
Hancock ST
Ashman St