



32325 Franklin Road, Franklin, Michigan 48025

FAX: (248) 626-0538 | OFFICE: (248) 626-9666

www.franklin.mi.us

HISTORIC DISTRICT COMMISSION REGULAR MEETING

Wednesday, December 7, 2022, 7:00 P.M.
At the Franklin Village Hall, Broughton House
32325 Franklin Road, Franklin, MI

A G E N D A

- I. Meeting Called to Order
- II. Roll Call
- III. Adoption of Agenda
- IV. Adoption of Minutes
 - A. Regular Meeting of November 2, 2022
- V. Public Comments
- VI. New Business
 - A. Consider 32740 Franklin Road Replacement of Rotten Board in Front of Building
 - B. Consider 32734 Franklin Road Replacement of Gutters and Siding
- VII. Adjournment

Posted: November 30, 2022 William Dinnan, Building Official/Historic District Commission Facilitator

POSTED IN ACCORDANCE WITH PUBLIC ACT 267 (OPEN MEETINGS ACT)

The Village of Franklin will provide necessary, reasonable auxiliary aids and services to individuals with disabilities requiring such services. All requests must be made to the Village Clerk at least five (5) business days before a meeting. Individuals with disabilities requiring auxiliary aids or services should contact the Village of Franklin in writing at 32325 Franklin Road, Franklin, MI 48025, or by calling the Village Clerk's Office at (248) 626-9666.

**VILLAGE OF FRANKLIN
HISTORIC DISTRICT COMMISSION
REGULAR MEETING
WEDNESDAY, November 2, 2022, 7:00 P.M.
32325 Franklin Road, Franklin, Michigan 48025**

I. MEETING CALLED TO ORDER

The Regular Meeting of the Historic District Commission was called to order by Gary Roberts, Chairman, at 7:01 P.M.

II. ROLL CALL

Present: Alek Kokoszka, Gary Roberts, Gayle Timmis, Alex Stchekine, Laura Witty

Absent: Mike Brassfield and Jill Wilke

Also Present: Roger Fraser, Village Administrator, Dana Hughes, Village Clerk

III. ADOPTION OF AGENDA

Motion by Timmis, seconded by Kokoszka to approve the agenda, as amended to include Item “C” an update on Notice of Violation for 32767 Franklin Road.

Ayes: Kokoszka, Stchekine, Timmis, Witty, Roberts

Nays: None

Motion carried.

IV. ADOPTION OF THE MINUTES

A. Regular Meeting of September 7, 2022

Motion by Kokoszka, seconded by Wilke to approve the minutes of the Regular Meeting of July 6, 2022, with corrections.

Ayes: Kokoszka, Stchekine, Timmis, Witty, Roberts

Nays: None

Motion carried.

V. PUBLIC COMMENTS

No Public Comments

VI. NEW BUSINESS

A. Consider 32620 Franklin Rd. Shingle Tear-off & Re-Shingling of Roof

The two requests before the Historic District Commission are for 32620 Franklin Road. The first is for a roof shingle tear-off and re-shingling. A sample was provided of the black shingle, which is a dimensional shingle, almost identical to what they currently have. The second request to replacement of bricks on the chimney. The sample bricks, which are similar to the current bricks on the chimney, were also provide for the Historic District Commission’s review.

Motion by Timmis, seconded by Stchekine to approve the application received October 4th, 2022, for this shingle removal and replacement, including the flashing for the building located at 32620 Franklin Road. These shingles shall be as presented at the meeting which are CertainTeed Moire Black in color, which match the previously existing roofing shingles and find it is in accordance with the Secretary of Interior Standards for Rehabilitation #9.

Ayes: Kokoszka, Stchekine, Timmis, Witty, Roberts

Nays: None

Motion carried.

B. Consider 32620 Franklin Road Replacement of Bricks on Chimney

Motion by Stchekine, seconded by Kokoszka to approve the motion to consider the replacement of bricks on the chimney 32620 Franklin Road the bricks as presented, as I find it is in accordance with the Secretary of Interior Standards for Rehabilitation #9.

Ayes: Kokoszka, Stchekine, Timmis, Witty, Roberts

Nays: None

Motion carried.

C. Update on Notice of Violation on 32767 Franklin Road

Discussion:

Fraser stated that the Village has talked with the architect, Bill Finnicum. Has tried to get a hold of the property owner and it appears as though they have run out of momentum. They are not currently working out of the dentist office, but just occasionally. The Building Official has not been able to get any response from them either. Building Official to follow up.

VIII. ADJOURNMENT

Motion by Roberts, seconded by all to adjourn the meeting.

The meeting was adjourned at 7:11 P.M.

Submitted,

Dana Hughes, Village Clerk



HISTORIC DISTRICT APPLICATION

INSPECTIONS (248) 626-1601

DATE STAMP

RECEIVED

OCT 31 2022

VILLAGE OF FRANKLIN, MI

32325 Franklin Rd • Franklin MI 48025-1199 • Phone (248) 626-9666 • Fax (248) 626-0538

The undersigned hereby applies for a permit to (describe project)

Replacement of rotten board & gutters (Front of Building)

Current market value of project \$ 6,500.-

SUBMIT CHECKLIST WITH APPLICATION

I. LOCATION OF PROJECT		Historic District ? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Zoning District	
Address: <u>32740 FRANKLIN RD</u>					
Village: <u>FRANKLIN</u>		Township: <u>SOUTHFIELD</u>		County: <u>OAKLAND</u> Zip Code: <u>48025</u>	
Between <u>1.3 MILE</u> And <u>1.4 MILE</u>					
II. PARCEL IDENTIFICATION #					
A. OWNER OR LESSEE					
Name: <u>JUNG HEE KIM</u>				Telephone No: <u>(248) 626-1616</u>	
Address: <u>32740 FRANKLIN RD</u>		City: <u>W. BLOOMFIELD</u>		State: <u>MI</u> Zip Code: <u>48323</u>	
B. ARCHITECT OR ENGINEER					
Name:				Telephone No:	
Address:		City:		State: Zip Code:	
License No:				Expiration Date:	
C. CONTRACTOR					
Name:				Telephone No: <u>(248) 802-3900</u>	
Address: <u>5600 W. Maple Rd</u>		City: <u>W. BLOOMFIELD</u>		State: <u>MI</u> Zip Code: <u>48322</u>	
License No: <u>2101179929</u>				Expiration Date:	
Federal Employer Number or Reason for Exemption:					
Worker's 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					
<input type="checkbox"/> New Building <input type="checkbox"/> Addition / Remodel <input type="checkbox"/> Demolition <input type="checkbox"/> Property <input type="checkbox"/> Other <u>replacement of rotten board & gutters.</u>					
B. REVIEW(s) TO BE PERFORMED					
<input type="checkbox"/> Building / Trades <input type="checkbox"/> Engineering <input type="checkbox"/> Arborist <input type="checkbox"/> Legal <input type="checkbox"/> Other					

IV. PERMIT PROPOSAL

A. RESIDENTIAL BUILDING – show most recent use

- One Family Detached Condominium - number of units _____
 Attached Garage Detached Garage Other (describe) _____

B. NON-RESIDENTIAL BUILDING – show most recent use

- Church, Religious Public Utility Restaurant
 Service Station School, Library, Educational Grocery
 Office, Bank, Professional Store, Mercantile Other (describe) _____

C. PROPERTY – Describe proposal in detail _____

V. SELECTED CHARACTERISTICS FOR BUILDING PERMIT

A. PRINCIPAL TYPE OF FRAME

- Masonry, Wall Bearing Wood Frame Structured Steel
 Reinforced Concrete Other (describe) _____

B. PRINCIPAL TYPE OF HEATING FUEL

- Gas Oil Electricity Coal Other _____

C. TYPE OF SEWAGE DISPOSAL

- Pressure Sewer System Septic System

D. TYPE OF WATER SUPPLY

- Public or Private Company Private Well or Cistern

E. TYPE OF MECHANICAL

- Will there be air conditioning? yes no Will there be an elevator? yes no

F. DIMENSIONS

- First Floor (sq ft) _____ Garage / Accessory (sq ft) _____
Second Floor (sq ft) _____ Total Building Area (sq ft) _____
Basement (sq ft) _____ Total Land Area (sq ft) _____

G. NUMBER OF OFF-STREET PARKING SPACES

- Enclosed _____ Outdoors _____

VI. APPLICANT INFORMATION:

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

Name: JUNG HEE KIM		Telephone No. (248) 626-1616	
Address: 32740 Franklin	City: Franklin	State: MI	ZIP: 48025
Federal ID no. (if applicable)			

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 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 perform work on a residential building or a residential structure. Violators of Section

Signature of Applicant	Application Date
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VII. FOR INTERNAL USE ONLY

	REQUIRED	APP / REJ	DATE	BY
A ~ BUILDING PERMIT	<input type="checkbox"/> Yes <input type="checkbox"/> No			
B ~ CULVERT PERMIT	<input type="checkbox"/> Yes <input type="checkbox"/> No			
C ~ FENCE PERMIT	<input type="checkbox"/> Yes <input type="checkbox"/> No			
D ~ FLOODPLAIN PERMIT	<input type="checkbox"/> Yes <input type="checkbox"/> No			
E ~ LANDFILL PERMIT	<input type="checkbox"/> Yes <input type="checkbox"/> No			
F ~ SOIL EROSION PERMIT	<input type="checkbox"/> Yes <input type="checkbox"/> No			
G ~ TREE REMOVAL PERMIT	<input type="checkbox"/> Yes <input type="checkbox"/> No			
H ~ WETLANDS PERMIT	<input type="checkbox"/> Yes <input type="checkbox"/> No			
I ~ HISTORIC DISTRICT	<input type="checkbox"/> Yes <input type="checkbox"/> No			
J ~ ZONING BOARD **	<input type="checkbox"/> Yes <input type="checkbox"/> No			

** Zoning District _____

Required Setback _____ Front _____ / _____ Side _____ Back

Proposed Setback _____ Front _____ / _____ Side _____ Back

VIII. VALIDATION

Approved by:	DATE STAMP
(signature)	
VILLAGE OF FRANKLIN BUILDING OFFICIAL	

HISTORIC DISTRICT CHECKLIST

14 COPIES EACH OF THE FOLLOWING:

- ___ Completed Permit Application
 - ___ Proof of ownership (ie: copy of title insurance policy)
 - ___ Homeowner's Permit requires signed and dated Home Owner's Affidavit on file
 - ___ Builder's Registration – copy builder's license and driver's license on file

- ___ Copy of certified plot plan indicating:
 - ___ Dimensions of all property lines – indicate any easements
 - ___ Dimensions of existing and proposed work
 - ___ Setback dimensions of all yards
 - ___ Notation of any historic or natural resources on site
 - ___ Location of well and septic system

- ___ A descriptive text of the proposed work to be done

- ___ Application complies with Zoning Ordinance requirements?
 - ___ yes
 - ___ no – complete Zoning Appeals Application for review

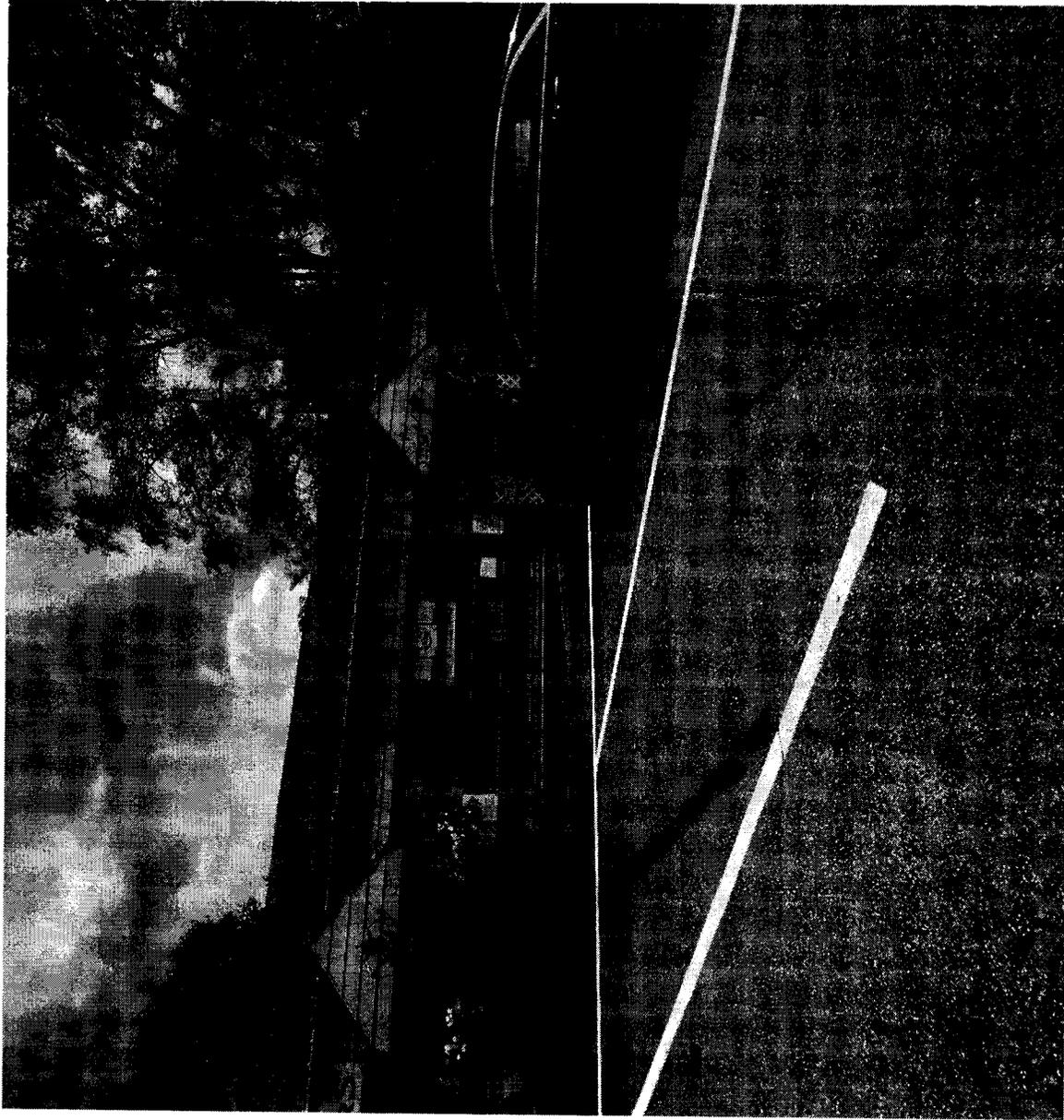
- ___ Photographs of the existing conditions and/or structures being considered

- ___ Provide detail drawings, moldings, profiles, color samples, materials (etc.) to be used

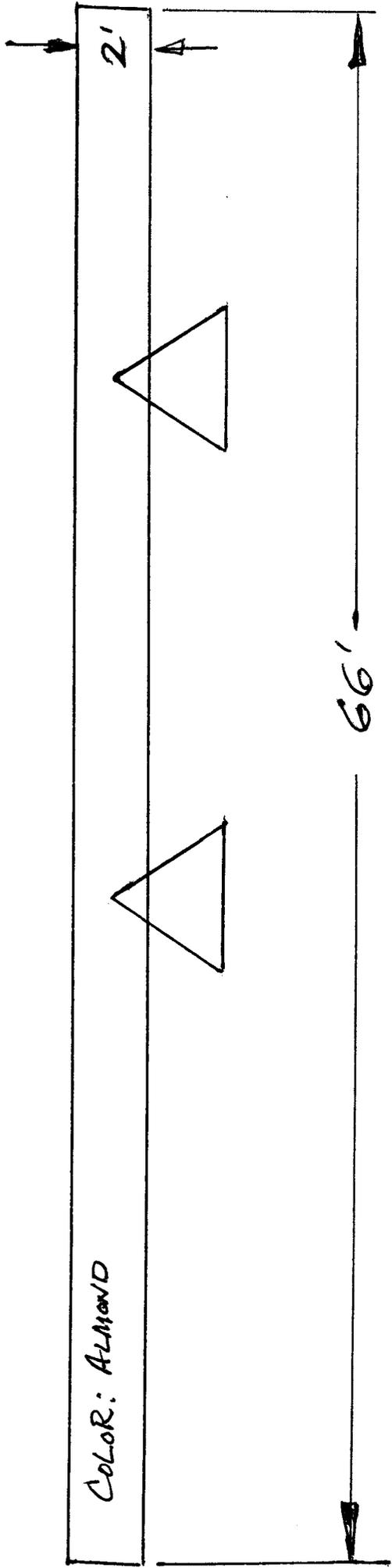
- ___ Such further information as the Commission or Building Official may require

PLEASE NOTE:

- Applicant must be present at Historic District Commission meeting
- Permits must be obtained after Historic District Commission approval
- Applicant shall be responsible for 100% of all consultant fees incurred by the Village PLUS a 10% administration fee.



FRANKLIN PLAZA





HISTORIC DISTRICT APPLICATION

INSPECTIONS (248) 626-1601

DATE STAMP

32325 Franklin Rd • Franklin MI 48025-1199 • Phone (248) 626-9666 • Fax (248) 626-0538

The undersigned hereby applies for a permit to (describe project)

Current market value of project \$

64800⁰⁰

SUBMIT CHECKLIST WITH APPLICATION

I. LOCATION OF PROJECT		Historic District ? <input type="checkbox"/> yes <input type="checkbox"/> no		Zoning District	
Address: 32734 Franklin					
Village: FRANKLIN		Township: SOUTHFIELD	County: OAKLAND	Zip Code: 48025	
Between 14 Mile		And Franklin Rd			
II. PARCEL IDENTIFICATION #					
A. OWNER OR LESSEE					
Name: Jung Hee Kim			Telephone No: 248-626-1616		
Address: 32734 Franklin Ct		City: Franklin	State: MI	Zip Code: 48025	
B. ARCHITECT OR ENGINEER					
Name:			Telephone No:		
Address:		City:	State:	Zip Code:	
License No:			Expiration Date:		
C. CONTRACTOR					
Name: Renaissance Contracting			Telephone No: 248-807-3900		
Address: 24800 Five Mile		City: Redford	State: MI	Zip Code: 48239	
License No: 262100616			Expiration Date: 05/31/2004		
Federal Employer Number or Reason for Exemption:			80-1545494		
Worker's Comp Insurance Carrier or Reason for Exemption:			Crum & Foster		
MESO Employer Number or Reason for Exemption:					
III. TYPE OF IMPROVEMENT AND PLAN REVIEW					
A. TYPE OF IMPROVEMENT					
<input type="checkbox"/> New Building <input type="checkbox"/> Addition / Remodel <input type="checkbox"/> Demolition <input type="checkbox"/> Property <input type="checkbox"/> Other					
B. REVIEW(S) TO BE PERFORMED					
<input checked="" type="checkbox"/> Building / Trades		<input type="checkbox"/> Engineering		<input type="checkbox"/> Arborist	
				<input type="checkbox"/> Legal	
				<input type="checkbox"/> Other	

IV. PERMIT PROPOSAL		
A. RESIDENTIAL BUILDING – show most recent use		
<input type="checkbox"/> One Family	<input type="checkbox"/> Detached Condominium - number of units _____	
<input type="checkbox"/> Attached Garage	<input type="checkbox"/> Detached Garage <input checked="" type="checkbox"/> Other (describe) <u>Commerical</u>	
B. NON-RESIDENTIAL BUILDING – show most recent use		
<input type="checkbox"/> Church, Religious	<input type="checkbox"/> Public Utility	<input type="checkbox"/> Restaurant
<input type="checkbox"/> Service Station	<input type="checkbox"/> School, Library, Educational	<input type="checkbox"/> Grocery
<input type="checkbox"/> Office, Bank, Professional	<input type="checkbox"/> Store, Mercantile	<input type="checkbox"/> Other (describe) _____
C. PROPERTY – Describe proposal in detail <u>Gutters + Siding</u>		
V. SELECTED CHARACTERISTICS FOR BUILDING PERMIT		
A. PRINCIPAL TYPE OF FRAME		
<input type="checkbox"/> Masonry, Wall Bearing	<input type="checkbox"/> Wood Frame	<input type="checkbox"/> Structured Steel
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Other (describe) _____	
B. PRINCIPAL TYPE OF HEATING FUEL		
<input type="checkbox"/> Gas	<input type="checkbox"/> Oil	<input type="checkbox"/> Electricity
<input type="checkbox"/> Coal		<input type="checkbox"/> Other _____
C. TYPE OF SEWAGE DISPOSAL		
<input type="checkbox"/> Pressure Sewer System	<input type="checkbox"/> Septic System	
D. TYPE OF WATER SUPPLY		
<input type="checkbox"/> Public or Private Company		<input type="checkbox"/> Private Well or Cistern
E. TYPE OF MECHANICAL		
Will there be air conditioning? <input type="checkbox"/> yes <input type="checkbox"/> no		
Will there be an elevator? <input type="checkbox"/> yes <input type="checkbox"/> no		
F. DIMENSIONS		
First Floor (sq ft) _____	Garage / Accessory (sq ft) _____	
Second Floor (sq ft) _____	Total Building Area (sq ft) _____	
Basement (sq ft) _____	Total Land Area (sq ft) _____	
G. NUMBER OF OFF-STREET PARKING SPACES		
Enclosed _____	Outdoors _____	

VI. APPLICANT INFORMATION:

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

Name: Sean Davis Telephone No. 248.800.3900
 Address: 24800 five Mile City: Dedford State: Mi ZIP: 48239
 Federal ID no. (if applicable) 80-1545494

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 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 perform work on a residential building or a residential structure. Violators of Section

Sean Davis

11/07/2020

Signature of Applicant

Application Date

VII. FOR INTERNAL USE ONLY

	REQUIRED	APP / REJ	DATE	BY
A ~ BUILDING PERMIT	<input type="checkbox"/> Yes <input type="checkbox"/> No			
B ~ CULVERT PERMIT	<input type="checkbox"/> Yes <input type="checkbox"/> No			
C ~ FENCE PERMIT	<input type="checkbox"/> Yes <input type="checkbox"/> No			
D ~ FLOODPLAIN PERMIT	<input type="checkbox"/> Yes <input type="checkbox"/> No			
E ~ LANDFILL PERMIT	<input type="checkbox"/> Yes <input type="checkbox"/> No			
F ~ SOIL EROSION PERMIT	<input type="checkbox"/> Yes <input type="checkbox"/> No			
G ~ TREE REMOVAL PERMIT	<input type="checkbox"/> Yes <input type="checkbox"/> No			
H ~ WETLANDS PERMIT	<input type="checkbox"/> Yes <input type="checkbox"/> No			
I ~ HISTORIC DISTRICT	<input type="checkbox"/> Yes <input type="checkbox"/> No			
J ~ ZONING BOARD **	<input type="checkbox"/> Yes <input type="checkbox"/> No			

** Zoning District _____

Required Setback _____ Front _____ / _____ Side _____ Back
 Proposed Setback _____ Front _____ / _____ Side _____ Back

VIII. VALIDATION

DATE STAMP

Approved by:

(signature)

VILLAGE OF FRANKLIN BUILDING OFFICIAL

HISTORIC DISTRICT CHECKLIST

14 COPIES EACH OF THE FOLLOWING:

- Completed Permit Application
- Proof of ownership (ie: copy of title insurance policy)
- Homeowner's Permit requires signed and dated Home Owner's Affidavit on file
- Builder's Registration – copy builder's license and driver's license on file

- Copy of certified plot plan indicating:
 - Dimensions of all property lines – indicate any easements
 - Dimensions of existing and proposed work
 - Setback dimensions of all yards
 - Notation of any historic or natural resources on site
 - Location of well and septic system

- A descriptive text of the proposed work to be done

- Application complies with Zoning Ordinance requirements?
 - yes
 - no – complete Zoning Appeals Application for review

- Photographs of the existing conditions and/or structures being considered

- Provide detail drawings, moldings, profiles, color samples, materials (etc.) to be used

- Such further information as the Commission or Building Official may require

*Meeting Every
Month! Dec 7th*

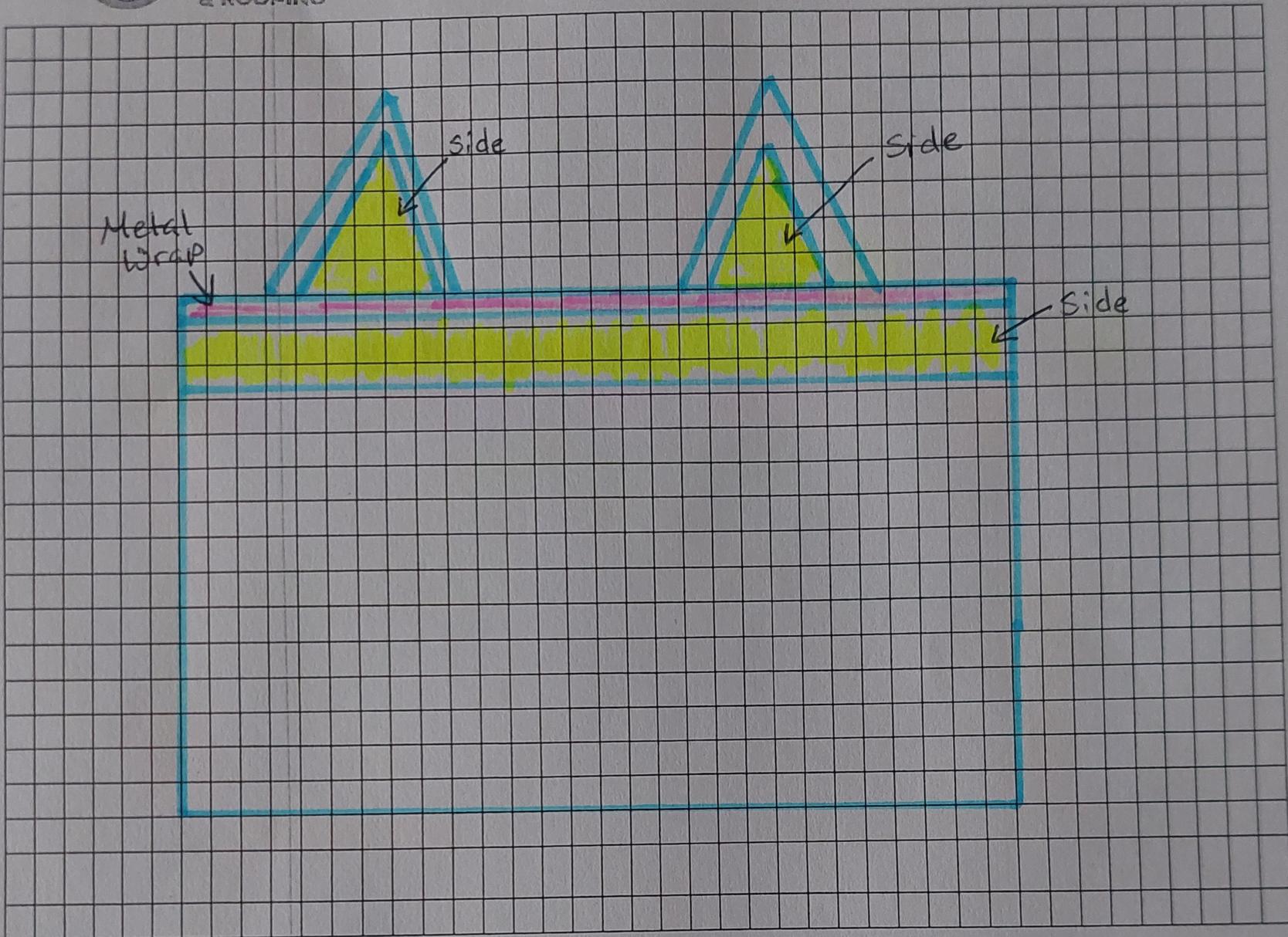
PLEASE NOTE:

- Applicant must be present at Historic District Commission meeting
- Permits must be obtained after Historic District Commission approval
- Applicant shall be responsible for 100% of all consultant fees incurred by the Village PLUS a 10% administration fee.



Homeowner Name: Jung Hee Kim
Address: 3243 Woodview Ct, West Bloomfield, MI 48324
Phone Number: _____
Email Address: _____

www.ren-contracting.com



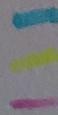
Comment(s):

Remove All Hardy And Replace With Vinyl (*Siding Only*)
No Soffit work Wrap All Fascia *Work To Be Completed
On The Front Only*

Antenna/Satellite Dish Comment(s): _____

Marketsharp

- Resulted /updated
- attachments





5600 West Maple Rd Suite A-110, West Bloomfield, MI 48322
 24800 5 Mile Road, Suite A-170, Redford, MI 48239
 Phone: 248-802-3900 / Website: ren-contracting.com

State of Michigan
 Residential Builder
 License # 2101179929



Page of
 First Jung Hee Last Kim Date
 Job Address 3243 Woodview Lake City West Bloomfield
 Home 248-626-1616 Best 9-5#
 Cell (Mr.) Work (Mr.)
 Cell (Mrs.) 248-719-6229 Work (Mrs.)
 Email (Mr.) Email (Mrs.)
 Billing Address (if different from above)

Roof Style <input type="checkbox"/> Gable <input type="checkbox"/> Gambrel <input type="checkbox"/> Hip <input type="checkbox"/> Mansard Shingle Color <u> </u> Drip Edge <u> </u> <input type="checkbox"/> Flat (Flintlastic) Color <u> </u>	Home # Sq. Ft. <u> </u> Tear off Only <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Pitch <u> </u>	Garage # Sq. Ft. <u> </u> Tear off Only <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Pitch <u> </u>	Home & Garage Attached # Sq. Ft. <u> </u> Tear off Only <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Pitch <u> </u>
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Economy Pkg. <input type="checkbox"/> XT25 3 tab shingle <input type="checkbox"/> Oakridge shingle <input type="checkbox"/> 3' Ice and water shield <input type="checkbox"/> Generic felt paper <input type="checkbox"/> 750 can vents only <input type="checkbox"/> Economy drip edge <input type="checkbox"/> No wood included <input type="checkbox"/> 30 year manufacturers warranty <input type="checkbox"/> 10 year labor warranty <u> </u> (Initials)	Good Pkg. <input type="checkbox"/> Duration shingle <input type="checkbox"/> Designer color option + \$400 <input type="checkbox"/> 3' <input type="checkbox"/> 6' Ice & water shield <input type="checkbox"/> Generic synthetic underlayment <input type="checkbox"/> Omni vent <input type="checkbox"/> 750 can vent <input type="checkbox"/> No intake ventilation included <input type="checkbox"/> Standard drip edge <input type="checkbox"/> 100' wood included <input type="checkbox"/> Lifetime manufacturers warranty <input type="checkbox"/> 12 year labor warranty <u> </u> (Initials)	Gutters <input type="checkbox"/> INSTALL NEW Color: <u> </u> <input type="checkbox"/> 5" # <u> </u> 1 story downspouts <input type="checkbox"/> 6" # <u> </u> 2 story downspouts <u> </u> L. Ft. of Gutters <u> </u> L. Ft. of Gutter Guards <input type="checkbox"/> Standard Installation (Hidden Hangers) <input type="checkbox"/> Straps (No Fascia) <input type="checkbox"/> Wedges (Standard Fascia)			
Better Pkg. <input type="checkbox"/> Northgate shingle (available designer shingle upgrade) <input type="checkbox"/> Berkshire <input type="checkbox"/> Duration Flex <input type="checkbox"/> Belmont <input type="checkbox"/> Carriage House <input type="checkbox"/> Presidential • No wood included • Remove edgevent • Total protection warranty <u> </u> (Initials)	Best Pkg. <input type="checkbox"/> Metal roof style <u> </u> Color: <u> </u> <input type="checkbox"/> 6' Ice and water shield <input type="checkbox"/> Owens Corning synthetic underlayment <input type="checkbox"/> Shinglevent 2/750 can vents <input type="checkbox"/> Edgevent included if needed (includes baffles) <input type="checkbox"/> Oversize drip edge <input type="checkbox"/> 200' wood included <input type="checkbox"/> Lifetime fully transferable guarantee on all parts, labor and materials <input type="checkbox"/> 5 star sure start protection plan (only available with matterhome) <u> </u> (Initials)	<input type="checkbox"/> Edgevent Smartvent <input type="checkbox"/> Vented drip edgevent <table border="1"> <tr><td>Down: 3750</td></tr> <tr><td>When Complete: 3750</td></tr> <tr><td>Total: \$7,500.00</td></tr> </table>	Down: 3750	When Complete: 3750	Total: \$7,500.00
Down: 3750					
When Complete: 3750					
Total: \$7,500.00					

COMMENTS: Replace and Repture gutter and Downspouts on exterior house and garage with leaf bands and splash guards as needed
Replace 1 piece of soffit on front porch
Replace rotton lxs and soffit on front balconys
Taxes permits clean up haul away all work debris

The customer(s) ("Owner(s)") listed above hereby jointly and severally agree to purchase the goods and/or services listed below, in accordance with the price and terms described on the front and the reverse of this agreement ("Agreement"), and Owner(s) has requested that such goods and/or services be installed or provided at Owner's address listed below. Renaissance Contracting & Roofing ("Contractor") hereby agrees to install or cause to be installed the products and/or services listed in this Agreement. Owner(s) agrees to sign a completion certificate upon completion of the installation of the goods. This Agreement represents a cash sale of goods and/or services. Owner(s) agrees to pay in cash the cost of the goods and/or services purchased as described below, with full payment due upon substantial completion of the job, regardless of timing or approval of any financing Owner(s) may seek for the purchase.

For the total cash price of	\$ 12,700.00 <u>10,000.00</u>
Buyers down payment amount of (50% Deposit Req.)	\$ 6,350.00 <u>5,000.00</u>
Cash to be paid upon Substantial Completion	\$ 6,350.00 <u>5,000.00</u>
Amount to be financed by Financial Co. upon Substantial Completion	\$ <u> </u>

We do not charge for bad wood up front. Rotted wood and/or cedar shake is beyond our control. There will be an extra charge for 4x8 sheet OSB wood = \$75 per sheet at 3 sheet per square or extra charge for 1x6 = \$7.50/ft.
 Estimated to be , if wood is necessary. This is addition to price.
 x (Customer Initials)
Ventilation to meet/exceed code requirement.

Down Payment and/or Final Payment in form of:
 Cash Check# Visa MasterCard Discover American Express
 Name on CC
 Credit Card #
 Expiration Date: / / 3 or 4 digit CPU Code#

Buyers Right to Cancel: You, the Buyer(s), may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction. See the accompanying Notice of Cancellation form for an explanation of this right. Additionally, the seller is prohibited from having an independent courier service or other third party pick up your payment at your residence before the end of the 3-business-day period in which you can cancel the transaction.

IN WITNESS WHEREOF the parties have here unto signed their name(s) this day of 20
MICHIGAN HOME SOLICITATION SALES ACT rescission cut off date: day of 20
 Owner(s) agrees that this Agreement, front and reverse, constitutes the entire understanding between the parties, and there are no verbal understandings, changes or modifying any of the terms of this Agreement. This Agreement may not be changed or its terms modified or varied in any way unless such changes are in writing and signed by both Owner(s) and the Contractor. Owner(s) hereby acknowledge that Owner(s) has read the front and reverse of this Agreement and has received a completed, signed and dated copy of this Agreement, including the two accompanying Notice of Cancellation forms, on the date first written above. Owner(s) also acknowledge that he or she was orally informed of his or her right to cancel this transaction.

Owner x Jung Hee Kim Owner x
 Witnessed by Salesperson (Sign & Print)

5600 West Maple Rd Suite A-110, West Bloomfield, MI 48322
 24800 5 Mile Road, Suite A-170, Redford, MI 48239
 Phone: 248-802-3900 / Website: ren-contracting.com
 State of Michigan Residential Builder License # 2101179929
PREFERRED CONTRACTOR

10 Alcey St
 3-820-6236
 dwalker378@aol.com
 Address (if different from above)
 Home
 # Sq. Ft. Tear off Only 1 2 3
 Pitch

FRANKLIN
NAIL & SPA

32744

COUPLES MASSAGE
MANICURE
WAXING
PEDICURE
FACIAL

FRANKLIN
CLEANERS

32740

NOW OPEN
Pet Wellness, Toys, Accessories and Fashion

PLAZA CUSTOMER PARKING ONLY
PLAZA CUSTOMER PARKING ONLY
PLAZA CUSTOMER PARKING ONLY

32734

32716

we're OPEN



KLIN
NERS

32740

NOW OPEN
Pet Wellness, Toys, Accessories and Fashion

Village Boutique
Franklin

32734 32716

VB

PLAZA
CUSTOMER
PARKING
ONLY

PLAZA
CUSTOMER
PARKING
ONLY
VIOLATORS WILL
BE TOWED AT
OWNER'S EXPENSE

PLAZA
CUSTOMER
PARKING
ONLY
VIOLATORS WILL
BE TOWED AT
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