

AGENDA
BIRMINGHAM DESIGN REVIEW BOARD MEETING
MUNICIPAL BUILDING-COMMISSION ROOM-151 MARTIN STREET
WEDNESDAY – December 4th, 2019
******* 7:15 PM*******

- 1) Roll Call**
- 2) [Approval of the DRB Minutes of November 6th, 2019](#)**
- 3) Public Hearing**
- 4) Design Review**
- 5) Sign Review**
- 6) Study Session**
- 7) Miscellaneous Business and Communication**
 - A. Staff Reports**
 - 1. [Administrative Sign Approvals](#)**
 - 2. [Administrative Approvals](#)**
- 8) Adjournment**

Notice: Individuals requiring accommodations, such as interpreter services for effective participation in this meeting should contact the City Clerk's Office at [\(248\) 530-1880](tel:2485301880) at least on day in advance of the public meeting.

Las personas que requieren alojamiento, tales como servicios de interpretación, la participación efectiva en esta reunión deben ponerse en contacto con la Oficina del Secretario Municipal al [\(248\) 530-1880](tel:2485301880) por lo menos el día antes de la reunión pública. (Title VI of the Civil Rights Act of 1964).

A PERSON DESIGNATED WITH THE AUTHORITY TO MAKE DECISIONS
MUST BE PRESENT AT THE MEETING.

DESIGN REVIEW BOARD
MINUTES OF NOVEMBER 6, 2019
Municipal Building Commission Room
151 Martin, Birmingham, Michigan

Minutes of the regular meeting of the Design Review Board ("DRB") held Wednesday, November 6, 2019. Chairman John Henke called the meeting to order at 9:10 p.m.

1) ROLL CALL

Present: Chairman John Henke; Board Members Gigi Debbrecht, Natalia Dukas, Keith Deyer, Patricia Lang, Joseph Mercurio

Absent: Board Member Michael Willoughby; Alternate Board Member Alexander Jerome; Student Representative Klea Ahmet

Administration: Nicholas Dupuis, City Planner
Laura Eichenhorn, Transcriptionist

11-46-19

2) Approval Of Minutes

Motion by Ms. Lang

Seconded by Ms. Debbrecht to approve the DRB Minutes of October 2, 2019 and October 16, 2019 as submitted.

Motion carried, 6-0.

VOICE VOTE

Yeas: Lang, Debbrecht, Deyer, Dukas, Henke, Mercurio

Nays: None

11-47-19

3) Public Hearing

None.

11-48-19

4) Design Review

A. 700 N. Old Woodward

City Planner Dupuis presented the item.

Kevin Denha, applicant, and Chris Siminski, architect, were present.

Mr. Siminski explained how updates to the plans incorporated the DRB's feedback regarding the project from their October 16, 2019 meeting and answered DRB questions.

Motion by Mr. Deyer

Seconded by Ms. Lang to approve the Design Review application for 700 N. Old Woodward with the following conditions: 1. The applicant must provide illumination and mounting details for the newly proposed signage.

Motion carried, 6-0.

VOICE VOTE

Yeas: Deyer, Lang, Debbrecht, Dukas, Henke, Mercurio

Nays: None

11-49-19

5) Sign Review

A. 101 E. 14 Mile - Mobil

City Planner Dupuis presented the item.

Rafat Iwies, applicant, was present and gave a short description of his plans. Mr. Iwies also answered DRB questions.

Motion by Ms. Dukas

Seconded by Ms. Debbrecht to approve the sign review application for 101 E. Fourteen Mile – Mobil Gas Station.

Motion carried, 6-0.

VOICE VOTE

Yeas: Dukas, Debbrecht, Deyer, Lang, Henke, Mercurio

Nays: None

Mr. Iwies thanked the DRB, both for their approval and for their general work on preserving historic properties around Birmingham.

11-50-19

6) Study Session

None.

11-51-19

7) Miscellaneous Business And Communications

- 1. Administrative Sign Approvals**
- 2. Administrative Approvals**

Included in agenda packet.

11-52-19

Adjournment

No further business being evident, the board motioned to adjourn the meeting at 9:26 p.m.

Nicholas Dupuis
City Planner



APPROVED

11/1/19
PAA-19-0076

Administrative Sign Approval Application Planning Division

Form will not be processed until it is completely filled out

1. Applicant

Name: Allied Signs, Inc.
Address: 33650 Giftos
Clinton Twp. MI 48035
Phone Number: 586-791-7900
Fax Number: 586-791-7788
Email: Kim@alliedsignsinc.com

Property Owner

Name: Elm Street Office, LLC
Address: 31440 Northwestern Hwy. Ste: 100
Farmington Hills, MI 48334
Phone Number: 937-863-6878
Fax Number: _____
Email: _____

2. Applicant's Attorney/Contact Person

Name: _____
Address: _____
Phone Number: _____
Fax Number: _____
Email: _____

Project Designer

Name: Allied Signs, Inc.
Address: 33650 Giftos
Clinton Twp. MI 48035
Phone Number: 586-791-7900
Fax Number: 586-791-7788
Email: Kim@alliedsignsinc.com

3. Project Information

Address/Location of Property: 266 S. Elm Street, Suite # 1
Name of Development: The Pilates Method
Parcel ID #: 08-19-36-226-013
Current Use: _____
Area in Acres: _____
Current Zoning: _____

Name of Historic District site is in, if any: _____
Date of HDC Approval, if any: _____
Date of Application for Preliminary Site Plan: _____
Date of Preliminary Site Plan Approval: _____
Date of Application for Final Site Plan: _____
Date of Final Site Plan Approval: _____
Date of Revised Final Site Plan Approval: _____

4. Attachments

- Two (2) folded paper copies of plans
- Authorization from Owner(s) (if applicant is not owner)
- Material Samples/Specification Sheets
- Digital Copy of plans

5. Details of the Request for Administrative Approval

Install (1) non-illuminated letterset 21" x 88" = 12.83 square feet reading The Pilates Method

6. Location of Proposed Signs

Storefront wall

7. Type of Sign(s)

Wall: X
Ground: _____
Projecting: _____

Canopy: _____
Building Name: _____
Post-mounted Projecting: _____

CITY OF BIRMINGHAM
Date 11/01/2019 1:16:33 PM
Ref 00164203
Receipt 511313
Amount \$100.00

8. If a wall sign, indicate wall to be used:

Front: X
Left side: _____

Rear: _____
Right side: _____

9. Size of Sign

Width: _____
Depth: _____
Height of lettering: _____

Height: _____
Total square feet: _____

10. Existing signs currently located on property

Number: None
Square feet per sign: _____

Type(s): _____
Total square feet: _____

11. Materials/Style

Metal: X
Plastic: _____
Color 1 (including PMS color #): White
Additional colors (including PMS color #): _____

Wood: _____
Glass: _____
Color 2 (including PMS color #): _____

12. Sign(s) Read(s): The Pilates Method

13. Sign Lighting

Type of lighting proposed: None
Size of light fixtures (LxWxH): _____

Number proposed: _____
Height from grade: _____

Maximum wattage per fixture: _____
Location: _____

Proposed wattage per fixture: _____
Style (include specifications): _____

14. Landscaping (Ground signs only)

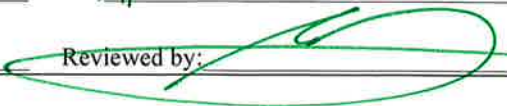
Location of landscape areas: _____

Proposed landscape material: _____

The undersigned states the above information is true and correct, and understands that it is the responsibility of the applicant to advise the Planning Division and / or Building Division of any additional changes to the approved site plan.

Signature of Applicant: 

Date: 10/25/19

| Office Use Only | | | |
|-------------------|--------------------|-----------------|--|
| Application #: | <u>PAA 19-0176</u> | Date Received: | <u>10/30/19</u> |
| | | Fee: | <u>\$100.00</u> |
| Date of Approval: | <u>10/1/19</u> | Date of Denial: | <u>N/A</u> |
| | | Reviewed by: |  |



CONSENT OF PROPERTY OWNER

I, Elm Street Office, LLC
David A. Trott, Manager, OF THE STATE OF Michigan AND COUNTY OF
(Name of property owner)

Oakland STATE THE FOLLOWING:


1. That I am the owner of real estate located at 266 S. Elm Street, Suite 1;
(Address of affected property)
2. That I have read and examined the Application for Administrative Approval made to the City of Birmingham by:
Allied Signs, Inc.;
(Name of applicant)
3. That I have no objections to, and consent to the request(s) described in the Application made to the City of Birmingham.

Dated: October 25, 2019

Elm Street Office LLC - David A. Trott, Manager
Owner's Name (Please Print)

Owner's Signature

ALLIED SIGNS INC.

October 29, 2019 

City of Birmingham
Attn: Building Department
151 Martin
P.O. Box 3001
Birmingham, MI 48009

RE: The Pilates Method, 266 S. Elm Street, Suite # 1

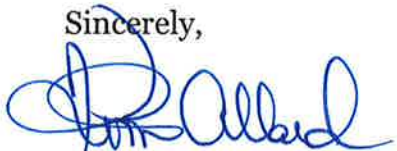
To Whom It May Concern:

Enclosed you will find (1) sign permit application with (2) sets of drawings and (1) check in the amount of \$100.00 for the sign plan review fees for the above mentioned location.

Once the location is approved, please let me know so I may submit to the building department.

If you have any questions or require any additional information, please let me know. Thank you and have a nice day!

Sincerely,



Kim Allard
kim@alliedsignsinc.com

Enclosures Check # 38896

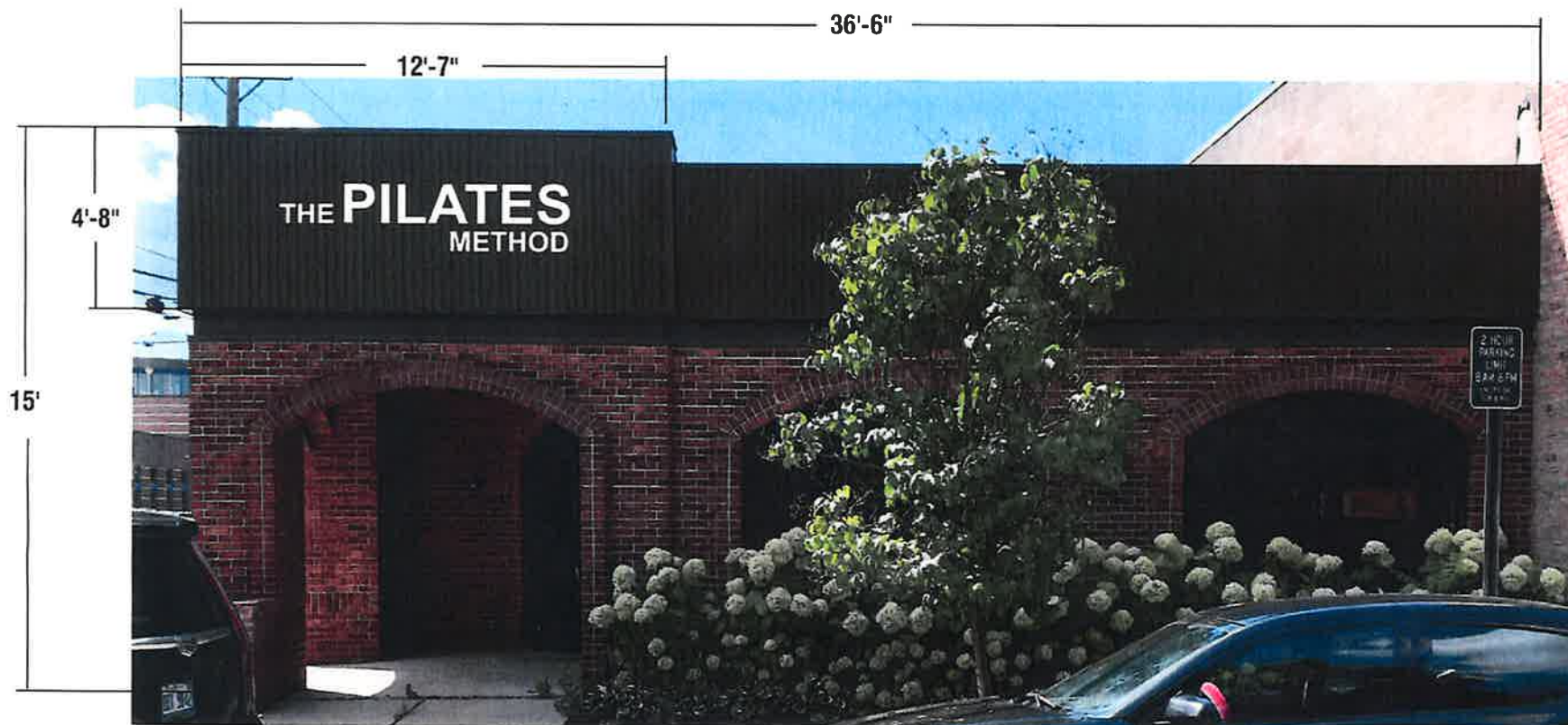


FRONT ELEVATION DRAWING

APPROVED

11/11/19

PAA 19-0176



33650 Giftos Drive Clinton Twp., MI
586-791-7900 www.alliedsignsinc.com

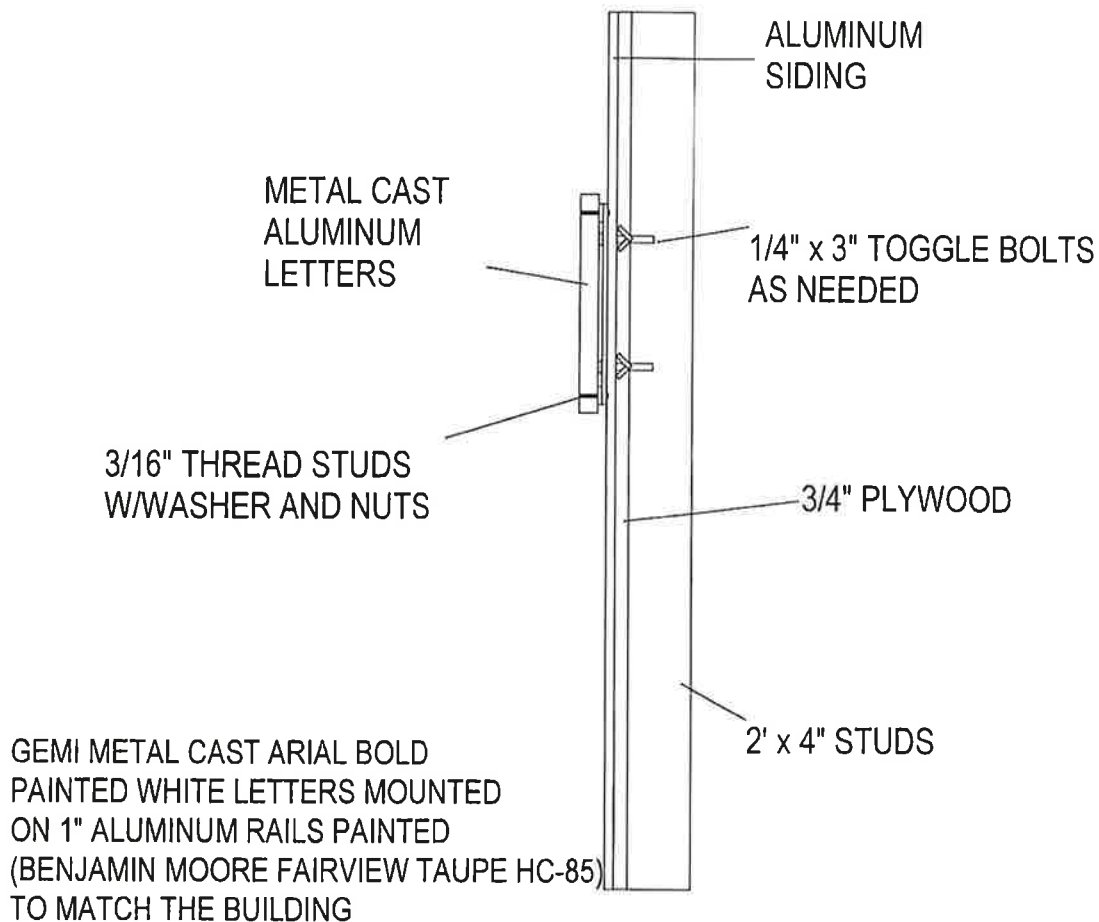
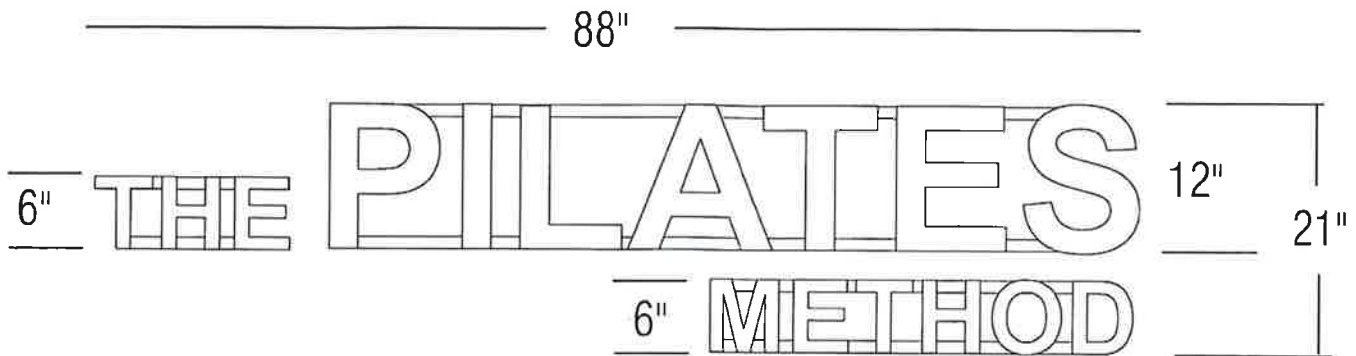


Customer: PILATES METHOD Date: 10/23/19
Location: 266 ELM ST. P.O.#
BIRMINGHAM, MI

The artwork, renderings and details represented herein (with the exception of registered trademarks) are the property of Allied Signs Inc. The designs is an original and unpublished work and may NOT be reproduced or shared in any fashion without the expressed written consent by an authorized officer of Allied Signs Inc.

THIS SIGN IS INTENDED TO BE INSTALLED ACCORDING TO ARTICLE 600 OF THE NATIONAL ELECTRICAL CODE AND ALL LOCAL CODES. THIS INCLUDES PROPER GROUNDING AND BONDING OF SIGN.

FRONT ELEVATION DRAWING WALL SIGN DETAIL AND ATTACHMENT



33650 Giftos Drive Clinton Twp., MI 48035
www.alliedsignsinc.com

THE PILATES METHOD

266 ELM ST.

BIRMINGHAM, MI

The artwork, renderings and details represented herein (with the exception of registered trademarks) are the property of Allied Signs Inc. The design is an original and unpublished work and may NOT be reproduced or shared in any fashion without the expressed written consent by an authorized officer of Allied signs Inc.

THIS SIGN IS INTENDED TO BE INSTALLED
ACCORDING TO ARTICLE 600 OF THE NATIONAL
ELECTRIC CODE AND ALL LOCAL CODES.
THIS INCLUDES PROPER GROUNDING
AND BONDING OF SIGN

APPROVED
11/5/19
P.A.A. 19-0166



Administrative Sign Approval Application Planning Division

Form will not be processed until it is completely filled out.



1. Applicant

Name: Kevin Lawrence
Address: 28702 Adler
Warren, MI 48088
Phone Number: 248-585-6880
Fax Number: _____
Email Address: reneee.michigansignshops.com

2. Property Owner

Name: William Watch
Address: 2760 Northwestern Hwy
Southfield, MI 48034
Phone Number: 248-352-5000
Fax Number: _____
Email Address: _____

3. Applicant's Attorney/Contact Person

Name: _____
Address: _____

Phone Number: _____
Fax Number: _____
Email Address: _____

4. Project Designer/Developer

Name: _____
Address: _____

Phone Number: _____
Fax Number: _____
Email Address: _____

5. Project Information

Address/Location of Property: 745 E Maple RD
Birmingham, MI 48009
Name of Development: _____
Parcel ID#: _____
Current Use: _____
Area in Acres: _____
Current Zoning: _____

Name of Historic District if any: _____
Date of HDC Approval, if any: _____
Date of Application for Preliminary Site Plan: _____
Date of Preliminary Site Plan Approval: _____
Date of Application for Final Site Plan: _____
Date of Final Site Plan Approval: _____
Date of Revised Final Site Plan Approval: _____

6. Required Attachments

- Two (2) folded paper copies of plans including details of the following:
 - Dimensions of proposed sign(s)
 - Dimensions of building frontage
 - Illumination
 - Height from grade
- Location of proposed sign(s)
- Colors and materials
- Authorization from Property Owner(s) (if applicant is not the owner)
- Material Samples
- Digital Copy of Plans

7. Details of the Request for Administrative Approval

one illuminated wall sign and one non illuminated wall sign

8. Location of Proposed Sign(s)

Front and rear entrances

9. Type of Proposed Sign(s)

Wall: ☒ _____
Ground: _____
Name Letter: Pelvic Rehabilitation
Canopy: _____

Projecting (Post-Mounted): _____
Projecting (Wall-Mounted): _____
Building Identification: _____
Other: _____

10. Size of Proposed Sign

Width: 74
Depth: _____
Height of Lettering: _____

Overall Height: 45"
Extension from Wall: _____
Total Square Feet: 238F

11. Existing Signs Currently on Property

Number: 0
Square Feet per Sign: _____

Sign Type(s): _____
Total Square Feet: _____

12. Materials/Style of Proposed Sign(s)

Metal: aluminum - dibond
Plastic: acrylic
Wood: _____
Glass: _____

Other: _____
Color #1: _____
Color #2: _____
Additional Colors: _____

13. Content of Proposed Sign(s)

per pelvic rehabilitation Medicine

14. Proposed Sign Lighting

Type of Lighting: LED'S
Size of Fixtures (LxWxH): _____
Maximum Wattage per Fixture: _____
Proposed Wattage per Fixture: _____

Location: _____
Number of Lights Proposed: _____
Height from Grade: _____
Lighting Style: _____

15. Landscaping (Ground Signs Only)

Location of Landscape Areas: _____

Proposed Landscape Material: _____

The undersigned states the above information is true and correct, and understands that it is the responsibility of the applicant to advise the Planning Division and / or Building Division of any additional changes to the approved site plan.

Signature of Applicant: [Signature]

Date: 10/11/19

Office Use Only

Application # PAA 19-0166

Date Received: 10/14/19

Fee: \$ 100.00

Date of Approval: 11/5/19

Date of Denial: N/A

Reviewed By: [Signature]

PROPERTY OWNER AUTHORIZATION FOR SIGN PERMIT APPLICATIONS

I, William Watch, property owner or agent of property located at:

745 E. Maple Rd
Birmingham, MI 48009

Do hereby give permission to:

K & A Signs
1017 Naughton Dr
Troy, MI 48083

Or its agent to secure a permit and install signs at the above location.

Property Owner William Watch (please type or print)

Signature of owner or agent

Date 10/9/19

Owner address 27620 Northwestern Hwy

Southfield, MI 48034

Telephone

248-352-5000

HOUSE OF M DESIGN:
Pelvic
Rehabilitation

S-19910

Troy / Metro Detroit
Signarama
The way to grow your business.

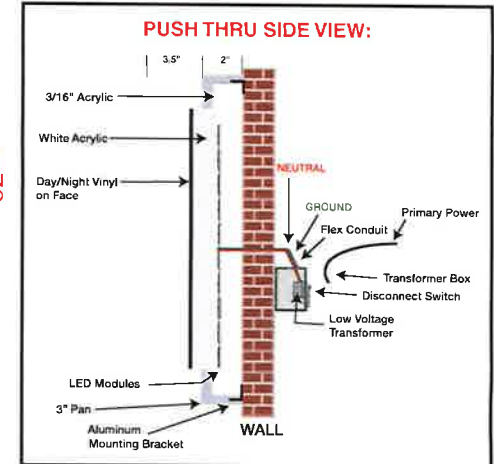
248-585-6880 | michigansignshops.com | 1017 Naughton Dr. Troy, MI 48083



BM 1620 BLUE HEATHER

12 SF

MAX FOR FRONT & BACK: 14 SF



APPROVED

11/5/19

PAA-19-0166

AN ARTIST REPRESENTATION - Image is for illustration purposes only. Objects in reality may be larger or smaller than depicted.

DETAIL

2" Pan Sign with Push-Thru Acrylic Letters
- 1/2" White Acrylic with "Day/Night Vinyl" on Face
Logo Piece to have Translucent Vinyl on Acrylic Face

SALES: Renee W | renee@michigansignshops.com

DRAWING: Marissa D.

CREATED: 09/18/2019

REVISED: 10/24/2019

CURRENT JOBS - 2019 - H - HOUSE OF M DESIGN

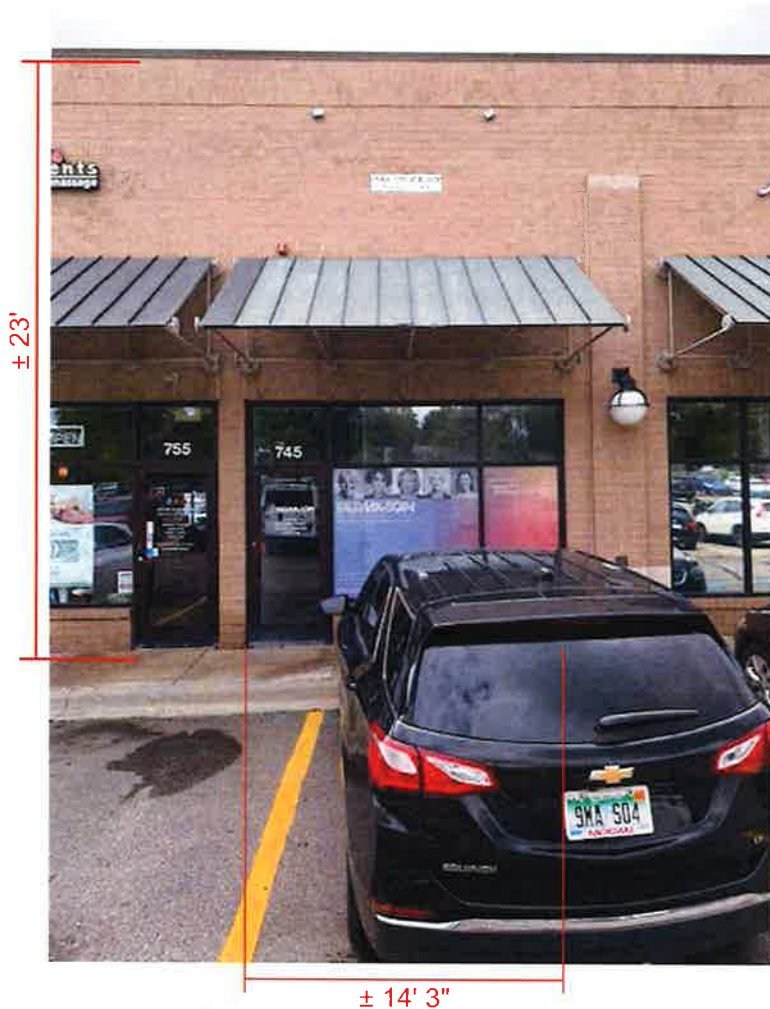
CLIENT APPROVAL: By signing this proof I approve the size, quantity, spelling, color(s), & overall design. I understand that I am 100% responsible for any additional changes to my order after the date indicated on my approval.

HOUSE OF M DESIGN:
Pelvic
Rehabilitation

S-19910

Troy / Metro Detroit
Signarama
The way to grow your business.

248-585-6880 | michigansignshops.com | 1017 Naughton Dr. Troy, MI 48083



BM 1620 BLUE HEATHER

2 SF

MAX FOR FRONT & BACK: 14 SF

APPROVED
11/15/19
FAA-19-0166

AN ARTIST REPRESENTATION - Image is for illustration purposes only. Objects in reality may be larger or smaller than depicted.

DETAIL

- 3mm Dibond Sign
- Dibond Color: BM 1620 Blue Heather
- Black Acrylic Dimensional Letters
- Vinyl Stripe

SALES: Renee W | renee@michigansignshops.com

DRAWING: Marissa D.

CREATED: 09/18/2019

REVISED: 10/24/2019

CURRENT JOBS - 2019 - H - HOUSE OF M DESIGN

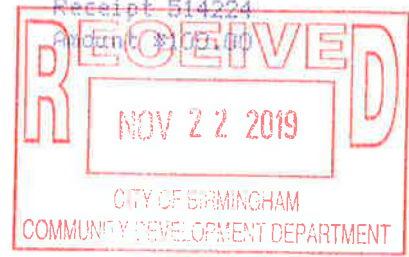
CLIENT APPROVAL: By signing this proof I approve the size, quantity, spelling, color(s), & overall design. I understand that I am 100% responsible for any additional changes to my order after the date indicated on my approval.

APPROVED
11/25/19
PA-19-0180



City of Birmingham
A Walkable Community

CITY OF BIRMINGHAM
Date 11/22/2019 1:59:11 PM
Ref 00164742
Receipt 514224
Amount \$105.00



Administrative Sign Approval Application Planning Division

Form will not be processed until it is completely filled out

1. Applicant

Name: Metro Detroit Signs
Address: 11444 Kaltz Ave
Warren, MI 48089
Phone Number: 586-759-2700
Fax Number: 586-759-2703
Email: kdeters@metrodetroitsigns.com

Property Owner

Name: Perimeter Properties LLC
Address: 112 Peachtree St.
Birmingham, MT 48009
Phone Number: 248-645-1060
Fax Number: _____
Email: lisa@wholeidental.com

2. Applicant's Attorney/Contact Person

Name: Kevin Deters at Metro Detroit Signs
Address: 11444 Kaltz Ave
Warren, MI 48089
Phone Number: 586-759-2700
Fax Number: 586-759-2703
Email: kdeters@metrodetroitsigns.com

Project Designer

Name: Metro Detroit Signs
Address: 11444 Kaltz Ave
Warren, MI 48089
Phone Number: 586-759-2700
Fax Number: 586-759-2703
Email: kdeters@metrodetroitsigns.com

3. Project Information

Address/Location of Property: 1000 S Old Woodward, suite 106
Name of Development: Whole Dental Wellness
Parcel ID #: _____
Current Use: Whole Dental Wellness
Area in Acres: _____
Current Zoning: _____

Name of Historic District site is in, if any: _____
Date of HDC Approval, if any: _____
Date of Application for Preliminary Site Plan: _____
Date of Preliminary Site Plan Approval: _____
Date of Application for Final Site Plan: _____
Date of Final Site Plan Approval: _____
Date of Revised Final Site Plan Approval: _____

4. Attachments

- Two (2) folded paper copies of plans
- Authorization from Owner(s) (if applicant is not owner)
- Material Samples
- Digital Copy of plans

5. Details of the Request for Administrative Approval

Install an internally illuminated wall sign cabinet with push thru letters for Whole Dental Wellness

6. Location of Proposed Signs

Front elevation wall sign

7. Type of Sign(s)

Wall: Yes
Ground: _____
Projecting: _____

Canopy: _____
Building Name: _____
Post-mounted Projecting: _____

8. If a wall sign, indicate wall to be used:

Front: Yes _____
Left side: _____

Rear: _____
Right side: _____

9. Size of Sign

Width: 138 inches
Depth: ~~3 inches~~ 3.5 inches
Height of lettering: 12.75 inches

Height: 32 inches
Total square feet: 30.66

10. Existing signs currently located on property

Number: 0
Square feet per sign: _____

Type(s): _____
Total square feet: _____

11. Materials/Style

Metal: Aluminum sign cabinet
Plastic: Acrylic letter faces
Color 1 (including PMS color #): Black
Additional colors (including PMS color #): Oracal 8500-614 Reed Green

Wood: No
Glass: No
Color 2 (including PMS color #): White

12. Sign(s) Read(s): Whole Dental Wellness

13. Sign Lighting

Type of lighting proposed: LED
Size of light fixtures (LxWxH): _____

Number proposed: _____
Height from grade: 15' 6" underclearance from grade

Maximum wattage per fixture: _____
Location: Front elevation wall sign

Proposed wattage per fixture: _____
Style (include specifications): _____

14. Landscaping (Ground signs only) - N/A

Location of landscape areas: _____

Proposed landscape material: _____

The undersigned states the above information is true and correct, and understands that it is the responsibility of the applicant to advise the Planning Division and / or Building Division of any additional changes to the approved site plan.

Signature of Applicant: Ben Deiter

Date: 11-22-19

| Office Use Only | | |
|-----------------------------------|--------------------------------|---------------------------------|
| Application #: <u>PAA19-0180</u> | Date Received: <u>11/22/19</u> | Fee: <u>\$100.00</u> |
| Date of Approval: <u>11/25/19</u> | Date of Denial: <u>N/A</u> | Reviewed by: <u>[Signature]</u> |




CONSENT OF PROPERTY OWNER

I, Perimeter Properties, LLC, OF THE STATE OF MI AND COUNTY OF
(Name of property owner)

Oakland STATE THE FOLLOWING:

1. That I am the owner of real estate located at 1000 S Old Woodward, suite 106;
(Address of affected property)
2. That I have read and examined the Application for Administrative Approval made to the City of Birmingham by:
Metro Detroit Signs;
(Name of applicant)
3. That I have no objections to, and consent to the request(s) described in the Application made to the City of Birmingham.

Dated: 11-21-19

STEVEN G Quintal
Owner's Name (Please Print)

Owner's Signature

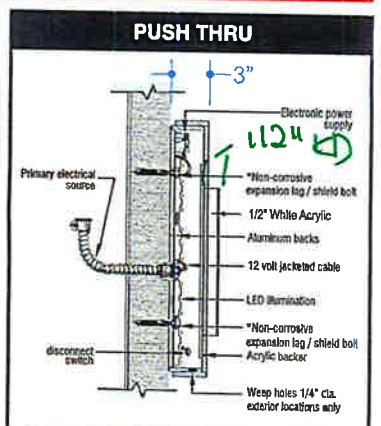
RECEIVED
NOV 22 2019

APPROVED
11/25/19
CAA-19-0180

CITY OF BIRMINGHAM
COMMUNITY DEVELOPMENT DEPARTMENT



SIGN DIMENSIONS
32"x138" Overall - 30.66 Sq. Ft.



| | | | |
|---------------------|----------------------------|---------------------|-----|
| Pan Face | | Letter Faces | |
| Router Cut Aluminum | | 1/2" White Acrylic | |
| Vinyl | Oracal 8500-614 Reed Green | Vinyl | xxx |
| Pan Depth | | Pan Color | |
| 3" | | Black | |
| Illumination | | LISTED | |
| White LED | | UL | |



RENDERING IS FOR REPRESENTATION ONLY SIZE, COLOR AND SCALE MAY VARY

ADDRESS
1000 South Old Woodward, Suite 106 Birmingham MI 48009

| | | | | | |
|--------------------------|--|------------------------|---------------|--|-----------------------|
| whole dental wellness | Sales Person: Paul Ferguson | Drawn By: Connie Fotiu | Date: 10/8/19 | File Name: Whole Dental Wellness.cdr Front Elevation Push Thru Pg 1 | Revision: 11/20/19 #2 |
| | This drawing and design/layout is the property of Metro Detroit Signs. The use of which in part or in whole is not permitted without prior written consent from Metro Detroit Signs. All rights reserved. Copyright 2018 | | | | Work Order#: XXX |
| Customer Signature _____ | | | | Date _____ | |

METRO SIGNS & LIGHTING
11444 Kaltz Ave
Warren, MI 48089
Phone: 586-759-2730
Fax: 586-759-2703

Full LF of building frontage - 90 LF