

ANN ARBOR HOUSING BOARD OF APPEALS

STAFF REPORT

Meeting Date: July 12, 2016

Type of Request: VARIANCE

Housing Board of Appeals Request HBA16-006 at 804 S State St.
, ANN ARBOR, MI 48104.

(Parcel Identification Number: 09-09-32-100-004)

DESCRIPTION AND DISCUSSION

Property Owners Name and Address:

Gerald M. Erickson (owner)
804 S State Street
Ann Arbor, MI 48103

BACKGROUND

The house at 804 S State Street was built in 1915 as a 2 floor rooming house in 1932 a restaurant was connected.

(1) Egress window and Emergency Stairs from third floor to outside deck .

Variance from 8:504(5)(c) The treads shall be not less than 8 inches Deep.

Inspection found that window was undersized and tread depths vary and are less than 7 inches.

(Note building permit to create a dwelling with plans still required because exit window is in adjacent room)

(2) Light and ventilation Requirement for room number 9

Variance from minimum 8% light and 4%vent requirement for room #9 8:502(1)

Inspection found room lacked light and ventilation

Section 8:515 (2) of the Ann Arbor Housing Code: The City of Ann Arbor Housing Code allows the Housing Board of Appeals to grant variances from the requirements of Chapter 105.

Standards for Approval:

1. *Practical difficulties or unnecessary hardship;*
2. *The variance does not violate the intent of this chapter; and*
3. *The variance does not jeopardize public health and safety.*

STAFF RECOMMENDATION

Staff recommends that variance 1 should not be granted. Due to the small tread depth at the emergency exit stairs



City of Ann Arbor 0-13-16
PLANNING & DEVELOPMENT SERVICES — CONSTRUCTION SERVICES

Mailing: 301 E. Huron St. P.O. Box 8647 Ann Arbor, Michigan 48107-8647
 p. 734.794.6263 f. 734.994.8460 building@a2gov.org

**APPLICATION FOR VARIANCE AND/OR TIME EXTENSION
 HOUSING BOARD OF APPEALS**

Section 1: Applicant Information

Name of Applicant: JERRY ERICKSON
 Address of Applicant: 1315 W. STADIUM BLVD
 Daytime Phone: 734-358-7285 Fax: 734-665-0655
 Email: gmerickson@comcast.net
 Applicant's Relationship to Property: owner

Section 2: Property Information

Address of Property: 804 S. STATE ST
 Zoning Classification: _____
 Tax ID# (if known): 362443857
 *Name of Property Owner: GERALD M ERICKSON

**If different than applicant, a letter of authorization from the property owner must be provided.*

Section 3: Request Information

Variance

Chapter(s) and Section(s)

from which a variance is requested:

- 1) _____
- 2) _____

REQUIRED dimension:

- 1) FIRE ESCAPE: 8" max rise, 8" min tread
- 2) REQ LIGHT: 14.25
- 3) REQ VENTILATION: 7.18

PROPOSED dimension:

- 1) FIRE ESCAPE: 7 1/4" tread, 7 1/2" rise.
- 2) EXISTING: 8.63
- 3) EXISTING: 6.14

Example: Chapter 105, Section 5:26

Example: 6', 8" Basement Ceiling Height Clearance

Example: 6', 6" Basement Ceiling Height Clearance

Give a detailed description of the work you are proposing and why it will require a variance (attach additional sheets if necessary)

EXCEPTIONS NO CHANGES FROM WHAT CITY & INSPECTORS ARE ASKING.

Need the variance to certify the space as a sleeping area. Changing from 8 to 9 room property

Section 4: Variance Request (If not applying for a variance, skip to section 5)

The City of Ann Arbor Housing Board of Appeals has the powers granted by City Code Chapter 105. A variance may be granted by the Housing Board of Appeals only in cases involving practical difficulties or unnecessary hardships when ALL of the following is found TRUE. Please provide a complete response to each item below. These responses, together with the required materials in Section 5 of this application, will form the basis for evaluation of the request by staff and the Housing Board of Appeals.

1. Are there hardships or practical difficulties to complying with the ordinance? Are these hardships or practical difficulties an exception or unique to the property compared to other properties in the City?

1) THERE IS NO ROOM TO EXTEND FIRE ESCAPE TO HAVE IT COMPLY WITH REQUIREMENT. FIRE ESCAPE IS ALREADY INSTALLED. 2) ADDING A WINDOW TO DOOR IN ROOM #9 WOULD LIKELY NOT BRING LIGHT REQUIREMENT TO THE FULL 14.35.

2. Are the hardships or practical difficulties more than mere inconvenience, inability to obtain a higher financial return? (explain)

IF THESE TWO ROOMS CANT BE RENTED I WILL LOSE A FAIR AMOUNT OF ANNUAL INCOME.

3. What effect will granting the variance have on the neighboring properties?

NONE.

4. What physical characteristics of your property in terms of size, shape, location or topography prevent you from using it in a way that is consistent with the ordinance?

1) THE FIRE ESCAPE HAD TO BE SHORTENED IN ORDER TO REACH THE ROOF. A LONGER SLOPE WOULD HAVE EXTENDED TOO FAR TO MEET THE ROOF. 2) I THINK - BUT AM NOT SURE THAT A WINDOW CAN BE PUT INTO THE DOOR OF ROOM 9.

5. Is the condition which prevents you from complying with the ordinance self imposed? How did the condition come about?

NO, ROOMS HAVE BEEN RENTED IN PAST YEARS WITH NO PROBLEMS.

Section 5: Time Extension

Current use of the property ROOMING HOUSE RENTALS.

Explain why you are requesting a time extension:

NEED MORE TIME FOR VARIANCE, AND TO GET WORK DONE.

Section 6: Required Materials

The following materials are required for all variance requests. Failure to provide these materials will result in an incomplete application and will delay staff review and Housing Board of Appeals consideration of the request. The materials listed below must accompany the application and constitute an inseparable part of the application.

All materials must be provided on **8 1/2" by 11" sheets**.

- Building floor plans showing interior rooms, including dimensions.
- Photographs of the property and any existing buildings involved in the request.
- Any other graphic or written materials that support the request.
- A Complete List of Tenant Names so that they can be notified that the HBA will do a 'walk-through' of the property on the day of the hearing.

Section 7: Acknowledgement

SIGNATURES MUST BE SIGNED IN PRESENCE OF NOTARY PUBLIC

I, the applicant, request a variance from the above named Chapter(s) and Section(s) of the Ann Arbor City Code for the stated reasons, in accordance with the materials attached hereto.

734-358-7285 _____
Phone Number Signature

G.MERICKSON@comcast.net JERRY ERICKSON
Email Address Print Name

I, the applicant, hereby depose and say that all of the aforementioned statements, and the statements contained in the materials submitted herewith, are true and correct. I acknowledge that I've received all instructions, time, date and place of meeting and will be present to present the appeal. Staff will not send additional notification of meeting times.

[Signature] _____
Signature

Further, I hereby give City of Ann Arbor Planning & Development Services unit staff and members of the Housing Board of Appeals permission to access the subject property for the purpose of reviewing my variance request.

[Signature] _____
Signature

On this 13th day of June, 2016, before me personally appeared the above named applicant and made oath that he/she has read the foregoing application by him/her subscribed and knows the contents thereof, and that the same is true as to his/her own knowledge except as to those matters therein stated to be upon his information and belief as to those matters, he/she believes them to be true.

[Signature] _____
Notary Public Signature

11-8-2018 _____
Notary Commission Expiration Date Print Name

STAFF USE ONLY

Date Submitted: 6-13-16 Fee Paid: \$500.00
 File No.: HBA-000 Date of Public Hearing _____
 Pre-filing Staff Reviewer & Date _____ HBA Action: _____
 Pre-Filing Review: _____
 Staff Reviewer & Date: _____

CHRISTOPHER M BAKER
NOTARY PUBLIC - STATE OF MICHIGAN
COUNTY OF MONROE
My Commission Expires November 8, 2018
Acting in the County of Washtenaw



CITY OF ANN ARBOR

100 N. FIFTH AVE • ANN ARBOR, MI 48104
(734) 794-6267

Receipt Number: 2016-00058676

Project Number HBA16-006
Receipt Print Date: 06/13/2016
Address 804 S STATE ST
Applicant
Owner R.F. ASSOCIATES, L.L.C.
Project Description

FEES PAID

0010-033-3370-0000-4362

P&D - APPEAL FEES 15/16

HBA

0010-033-3370-0000-4362

500.00

Total Fees for Account 0010-033-3370-0000-4362:

500.00

TOTAL FEES PAID

500.00

DATE PAID: Monday, June 13, 2016

PAID BY: LOGOS

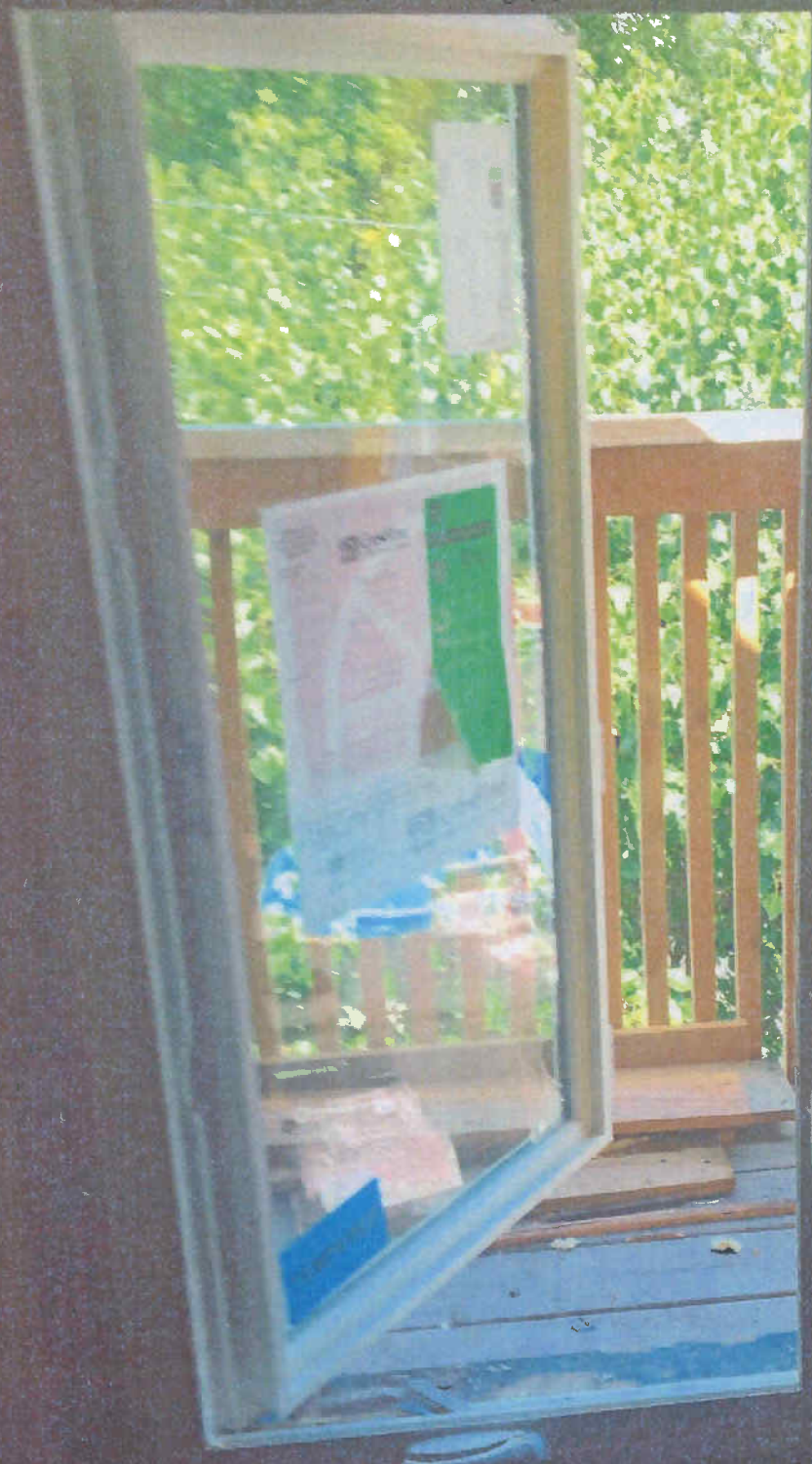
PAYMENT METHOD: CREDIT CARD TYPE NOT

Room # 9

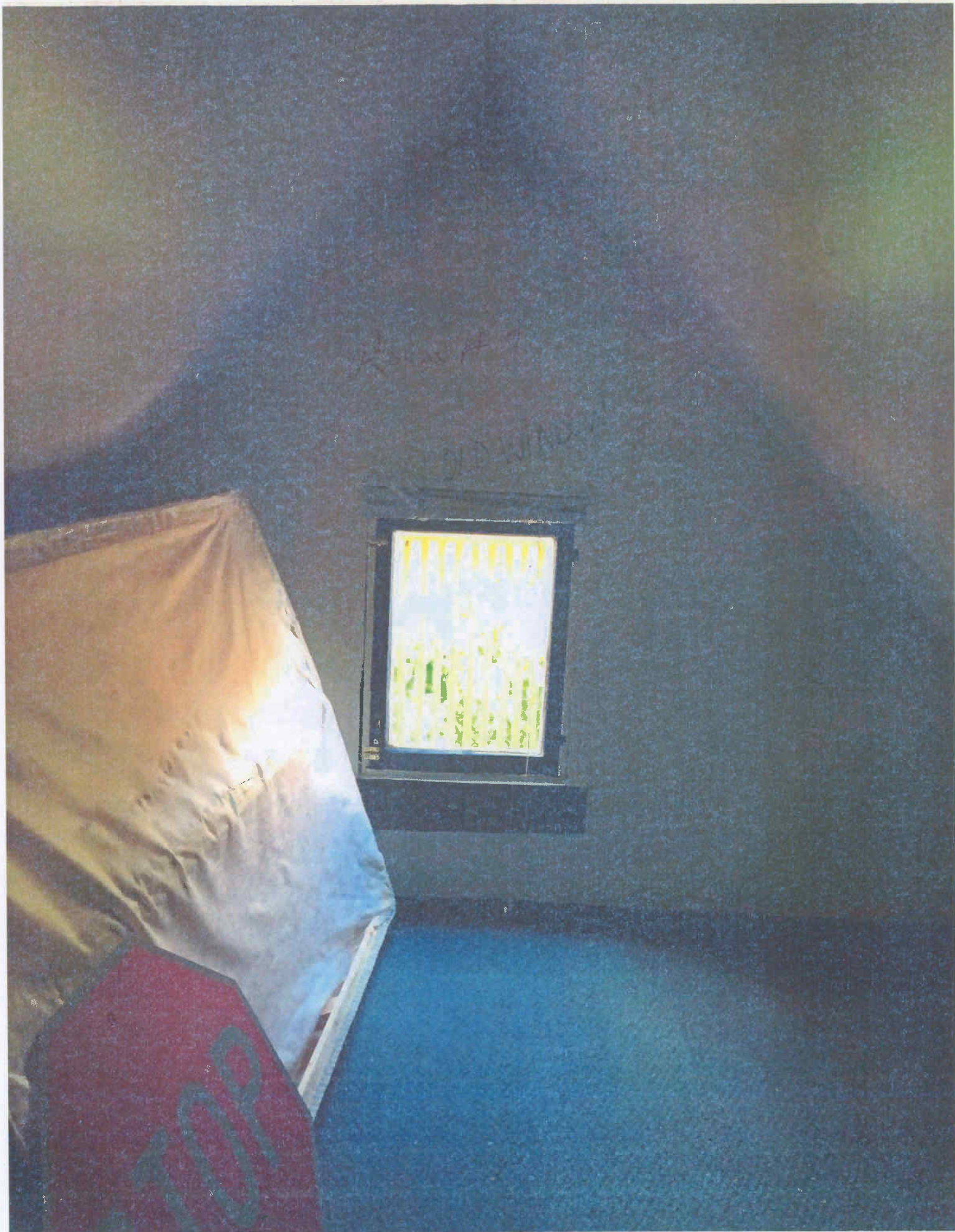




ROOF
NEW WINDOW #1 TO THE SOUTH



New window
not inspected



ROOM # 9



Room # 9

111







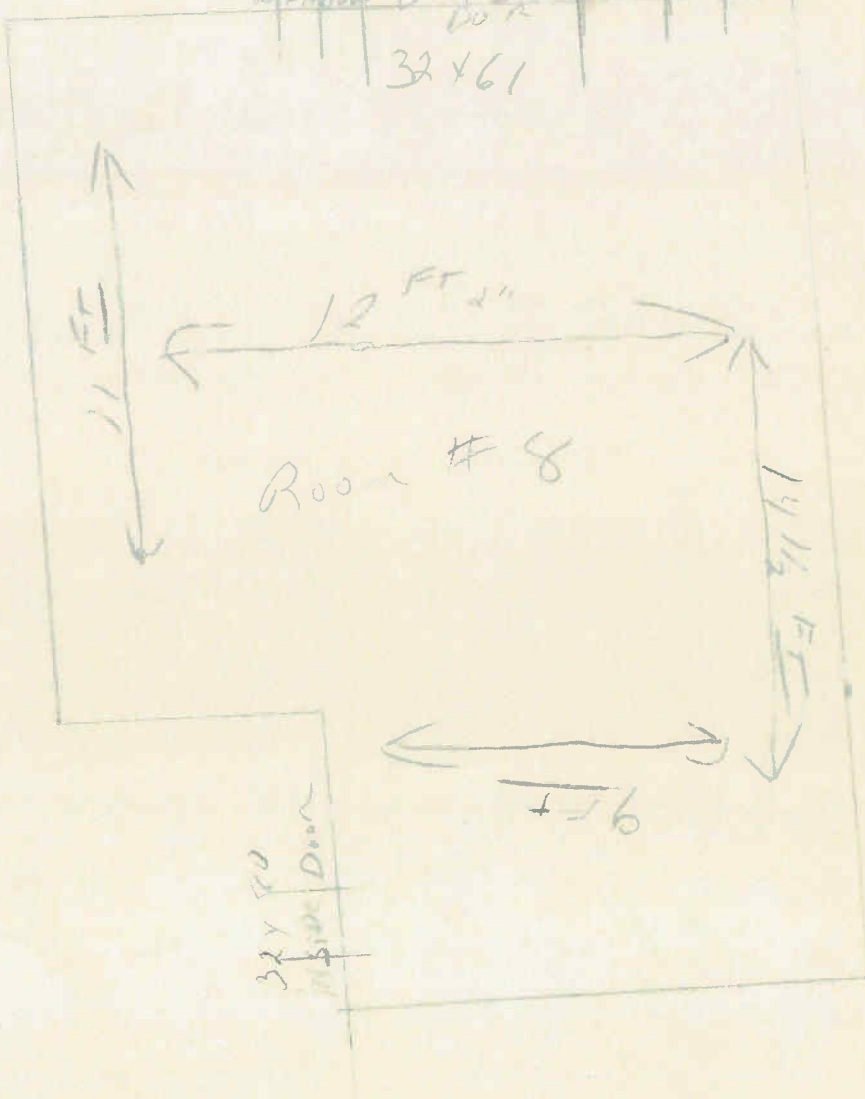
21x43

17x50

Wardrobe Outside
to R

LIVING

32x61









CITY OF ANN ARBOR, MICHIGAN

Community Services Area
Planning & Development Services Unit
301 E. Huron St, P.O. Box 8647,
Ann Arbor, Michigan 48107-8647
Phone: (734) 794-6264
Fax: (734) 994-8460

October 24, 2016

R. F. Associates, LLC.
1315 West Stadium Blvd
Ann Arbor, MI 48108

Re: 804 South State, Ann Arbor, Michigan, 48103
Parcel Identification Number ("PIN"): 09-09-32-100-004

Dear Mr. Erickson:

Please consider this as a notice to attend the Ann Arbor Housing Board of Appeals meeting for your continued variance request. You will have the opportunity to address the Board.

This meeting will take place on Wednesday, November 9, 2016 at 1:30 PM on the 2nd floor of City Hall in the Council Chambers.

If you are planning to support your request with information or evidence not included with your application, please submit your additional information to City Housing Department staff either by email at a2rentalhousing@a2gov.org or in person no later than the Friday before the meeting to allow time for distribution to the Board members. If you bring additional materials to the meeting, please bring 10 hard copies for the Board members and City staff.

Sincerely,

Lisha Turner-Tolbert
Rental Housing Services Manager



CITY OF ANN ARBOR, MICHIGAN

Community Services Area
Planning & Development Services Unit
301 East Huron, P.O. Box 8647,
Ann Arbor, Michigan 48107-8647
Phone: (734) 794-6264
Fax: (734) 994-8460

September 8, 2016

Gerald M. Erickson
804 S. State Street
Ann Arbor, MI 48103

Re: 804 S. State Street, Ann Arbor, Michigan 48103
Parcel Identification Number ("PIN"): 09-09-32-100-004

Dear Mr. Erickson:

Please consider this as a reminder to attend the Ann Arbor Housing Board of Appeals meeting for your variance request. You will have the opportunity to address the Board regarding your request.

The meeting will take place on Tuesday, September 13, 2016 at 1:30 PM on the 2nd floor of City Hall in the Council Chambers. If you are planning to support your request with information or evidence not included with your application, please submit them to City Housing Department staff either by email at a2rentalhousing@a2gov.org or in person no later than the Monday before the meeting to allow time for distribution to the Board members. If you bring additional materials to the meeting, please bring 10 hard copies for the Board members and City staff.

Sincerely,

Lisha Turner-Tolbert
Rental Housing Services Manager



CITY OF ANN ARBOR, MICHIGAN

Community Services Area
Rental Housing Services
301 E Huron St, P.O. Box 8647,
Ann Arbor, Michigan 48107-8647
Phone: (734) 794-6264
Fax: (734) 994-8460
rentalhousing@a2gov.org

****ADDENDUM NOTICE****

5/23/2016
R.F. ASSOCIATES, L.L.C.-ERICKS
1315 W STADIUM BLV
Ann Arbor, MI 48108-5350

RE: 804 S STATE ST
Property Record Number: CR072234

INSPECTOR: IG
SCHEDULED DATE: 5/23/2016

Dear Owner/Agent:

The items listed below have been added to your inspection violation notice as an addendum from the housing inspection noted above.

Here are the notes from our inspection

Rm# 10 this room needs a second exit and ventilation and needs a HBA variance to use as a bedroom.

1. Pull and final building permit to create a dwelling unit with plans.
2. Pull and final Building permit for the stairs leading to the flat roof @the 2nd level or apply for a HBA variance (min tread 8 in max riser 8 in for a fire escape)

Rm #9 room size is 179.45	<u>Requirement</u>	<u>Existing</u>
Required Light	14.35	8.63
Required Ventilation	7.18	6.14

1. Pull and final Building permit to create a dwelling unit with plans (increase light and ventilation) or apply for a HBA variance

Rm# 3&4 Remove locked door between rooms to provide required ventilation and remove second bed and bedroom furniture.

Cellar

1. Seal all penetrations at MECH room and final MECH16-0960.8;509

Exterior

1. Pull and final Building permit to replace (bathroom window).8:518
2. Replace missing window trim (top of fire escape platform). 8:509
3. Install Missing roof shingle throughout 8:509
4. Protect outlets with GFCI 8:505 (state st. side deck)
5. Restore all outside lighting. 8:502

If you have any questions regarding this notice please contact:

Ignacio [Gneco/igneco@a2gov.org](mailto:Gneco@igneco@a2gov.org)
Development Service Inspector – Rental Housing



CITY OF ANN ARBOR, MICHIGAN

Community Services Area
Rental Housing Services
301 E Huron St, P.O. Box 8647,
Ann Arbor, Michigan 48107-8647
Phone: (734) 794-6264
Fax: (734) 994-8460
rentalhousing@a2gov.org

4/14/2016
R.F. ASSOCIATES, L.L.C.-ERICKS
1315 W STADIUM BLV
Ann Arbor, MI 48108-5350

RE: 804 S STATE ST
Property Record Number: CR072234

INSPECTOR: IG
SCHEDULED DATE: 4/5/2016

Dear Owner/Agent:

The items listed below should be completed by the next scheduled inspection.

1. Replace dryer duct with rigid 28 gauge duct work seal connections with metallic tape and metal clamps.
 2. Remove lockset between rm3 and rm4.
 3. Protect light in shower with GFCI at bathroom
 4. Unit #9 remove storage from path of egress, Install chain lock at fire escape door, room lacks light and ventilation vacant tenant from room.
 - 5 Unit #10 Pull building permit to replace 1window, 2stairs and to 3 make room habitable. vacate tenant or get a VBA variance
 - . Pull and final MECH permit for Carrier furnace SER # 4411A15233, fire stop penetrations at walls and ceiling in MECH room
 7. 1st floor closet replace fixtures both closet
- Exterior
- 1 Replace missing trim around window at top of fire escape platform.
 - 2 Install missing shingles at roof.
 3. Landing falling apart restrict use until repaired.
 4. Remove storage from egress path on fire escape.
 5. Protect outlets with GFCI
 6. Restore all outside lighting
 7. Stairs from rm#10 does not meet housing requirement.

If you have any questions regarding this notice please contact:

Ignacio Gneco /igneco@a2gov.org

Development Service Inspector – Rental Housing

Thank you for your cooperation.

CITY OF ANN ARBOR RENTAL HOUSING SERVICES



BUILDING PERMIT

CITY OF ANN ARBOR

BUILDING DEPARTMENT
 301 E Huron St, P.O. Box 8647
 Ann Arbor, MI 48104
 Phone: (734) 794-6267
 Fax: (734) 994-8460

PLEASE VISIT THE CITY WEB SITE TO SCHEDULE YOUR INSPECTION - WWW.A2GOV.ORG/permits

Permit Number: **BLDG13-2346**

Construction Type:

Use Group:

Work Type: RES ADD/ALTER

New Egress Fire Escape from 3rd Fl to 2nd Fl Flat Roof

Stipulations:

LOCATION	OWNER
804 S STATE ST 09-09-32-100-004	R.F. ASSOCIATES, L.L.C. 1315 W STADIUM BLV Ann Arbor, MI 48108-5350
Approved plans must be retained on job and this card kept posted until final inspection has been made. Permits and inspection notices must be posted at a single location on site (electrical panel, etc.). Where a Certificate of Occupancy is required, such building shall not be occupied until final inspection has been approved. Minimum 24 hour notice required for inspection. You must request inspection.	CONTRACTOR
	Sleamon, Jr. David L 839 Mount Pleasant Ave. Ann Arbor, MI 48103 (734) 368-8863

Permit Item	Account Number	Fee Basis	Amount
PLAN EXAMINATION	0026-033-3330-0000-434	0	40.00
BUILDING PERMIT FEE	0026-033-3330-0000-431	0	100.00
ZONING PERMIT REVIEW UP TO \$10,000	0010-050-3360-0000-432	0	20.00

Craig Strong
 Building Official

Date Issued: **03/14/2014**
 Date Expires:

Fee Total: **\$160.00**
 Amount Paid: **\$160.00**

BALANCE DUE: \$0.00

I agree this permit is only for the work described and does not grant permission for additional work which requires separate permits. I understand that this permit will become invalid, and null and void if work is not started within 180 days, or if work is suspended or abandoned for a period of 180 days any time after work has commenced, and that I am responsible for assuring all required inspections are requested in conformance with the applicable code.

I hereby certify that the proposed work is authorized by the owner, and that I am authorized by the owner to make this application as authorized agent. I agree to conform to all applicable laws of the State of Michigan and local jurisdiction. All information on the permit application is accurate.

Payment of permit fee constitutes acceptance of above terms.



BUILDING PERMIT

CITY OF ANN ARBOR

BUILDING DEPARTMENT
 301 E Huron St, P.O. Box 8647
 Ann Arbor, MI 48104
 Phone: (734) 794-6267
 Fax: (734) 994-8460

PLEASE VISIT THE CITY WEB SITE TO SCHEDULE YOUR INSPECTION - WWW.A2GOV.ORG/permits

Permit Number: **BLDG16-1659**

Construction Type:

Use Group:

Work Type: **RES ADD/ALTER**

remove a partion wall between 2 rooms. return unit to

Stipulations: single room per housing inspector request. replace egress window with larger code compliant window. 24 x 48 as per housing inspector. Add window in door to increase light as per housing inspector.

LOCATION	OWNER
804 S STATE ST 09-09-32-100-004	R.F. ASSOCIATES, L.L.C. 1315 W STADIUM BLV Ann Arbor, MI 48108-5350
<p>Approved plans must be retained on job and this card kept posted until final inspection has been made. Permits and inspection notices must be posted at a single location on site (electrical panel, etc.). Where a Certificate of Occupancy is required, such building shall not be occupied until final inspection has been approved. Minimum 24 hour notice required for inspection. You must request inspection.</p>	CONTRACTOR
	<p>Sleamon, Jr. David L 839 Mount Pleasant Ave. Ann Arbor, MI 48103-4776 (734) 368-8863</p>

Permit Item	Account Number	Fee Basis	Amount
BUILDING PERMIT FEE	0026-033-3330-0000-431	0	100.00

Craig Strong

Building Official

Date Issued: **08/10/2016**

Date Expires: **02/06/2017**

Fee Total: \$100.00

Amount Paid: \$100.00

BALANCE DUE: \$0.00

I agree this permit is only for the work described and does not grant permission for additional work which requires separate permits. I understand that this permit will become invalid, and null and void if work is not started within 180 days, or if work is suspended or abandoned for a period of 180 days any time after work has commenced, and that I am responsible for assuring all required inspections are requested in conformance with the applicable code.

I hereby certify that the proposed work is authorized by the owner, and that I am authorized by the owner to make this application as authorized agent. I agree to conform to all applicable laws of the State of Michigan and local jurisdiction. All information on the permit application is accurate.

Payment of permit fee constitutes acceptance of above terms.

Opens in
24" by 34"
Window

1/2" screen

PROVIDE LIGHT AND
VENTILATION PER MBC 1205.2
AND MBC 1203.4 FOR THE
FLOOR AREA PER
MBC 1208.2 AND 1208.3

24" by 24"
Window

15 feet

15 feet

16 FEET

height
7 1/2 feet

16 feet

Room # 9

13 feet

height 8 1/2 feet

Door
30" by 6 1/2"

DOOR
OUT

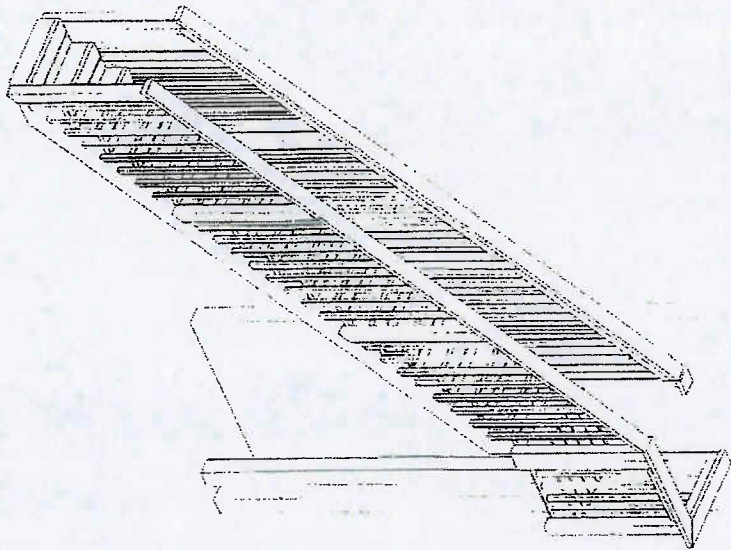
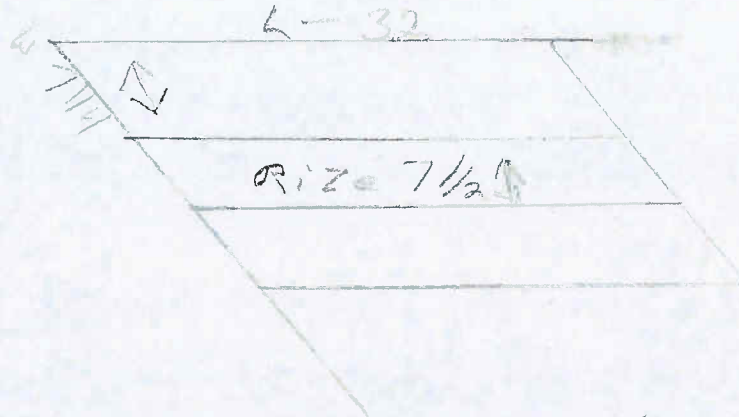
DOOR
OUT

Remain Door
+ House

ARCHWAY OPENING
MUST COMPLY WITH
MBC 1203.4.1.1 FOR
VENTILATION

804 S. State St

3



OFFICE COPY

ok
New
3/13/14

OMISSION OF REFERENCE TO ANY ITEM
ON THIS PLAN SHALL NOT REALIFY ANY
REQUIREMENTS OF THE BUILDING CODE
NOR EXEMPT ANY STRUCTURE FROM
MEETING SUCH REQUIREMENTS.