Reforals 3-19-19

# PUBLIC HEALTH AND SAFETY STANDING COMMITTEE



#### **MAYOR'S OFFICE COORDINATORS REPORT**

OVERALL STATUS (please circle):   APPROVED DENIED N/A CANCELED							
Petition #: 679 Event Name: Detroit Cycling Championship							
Event Date	Event Date: July 13, 2019						
Street Clos	ure: First Str	eet, C	Grand River	, Secon	d Avenue & Bagley		
Organizatio	n Name: DAC	Cycl	ing L3C				
			Avenue De	etroit, M	I 48226		
			Special Events A				
			Reference Comm	unication:			
	or City Departmen						
Due date fo	or the Coordinato	rs Repo	ort to City Clerk:				
Event Elem	ents (check all th	nat appl	y):				
Walkath	on Ca	arnival/C	Circus	Concert	t/Performance Run/Marathon		
<b>√</b> Bike Ra	ce Re	eligious	Ceremony	Political	Ceremony Festival		
Filming		arade			Recreation Rally/Demonstration		
Fireworl	ks Co	onventic	on/Conference	Other:	Expo		
24-Hou	r Liquor License						
	Liquoi Bioonio	-					
		Pet	ition Communic	ations (inc	clude date/time)		
3rd Annual	l professional/a	mateur	bike race at Be	eacon Parl	k from 6:00am - 8:00pm; with temporary		
			rand River, Sec				
		,	ŕ		• ,		
** <u>ALL</u> permits and license requirements must be fulfilled for an approval status **  Date Department N/A APPROVED DENIED Additional Comments							
Date	Department	N/A	APPROVED	DENIED			
				_	DPD Assisted Event; Contracted with City		
	DPD	Ш	<b>✓</b>		Shield Services to Provide Private Security		
Services							
					Pending Inspections; Contracted with		
	DFD/	Ш	<b>✓</b>		DMC to Provide Private EMS Services		
EMS							
ROW Permit Required for Street Closures							
	DPW		$\checkmark$				
	Health Dept.				Temporary Food License Required		

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED		$\checkmark$		Type III Barricades & Road Closure Signage Required
	Recreation		<b>V</b>		Application Received & Approved as Presented
	Bldg & Safety		<b>V</b>		Permits Required for Tents, Generators & Electrical
	Bus. License		<b>✓</b>		Vendors License Required
	Mayor's Office		<b>✓</b>		All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking		<b>✓</b>		Purchase of Parking Meters Required
	DDOT		$\checkmark$		Low Impact on Buses
MAYOR'S OFFICE Signature: Bethanie Lucher					

Date: March 14, 2019

### City of Detroit

Janice M. Winfrey
City Clerk

OFFICE OF THE CITY CLERK

Caven West Deputy City Clerk/Chief of Staff

#### DEPARTMENTAL REFERENCE COMMUNICATION

Tuesday, February 12, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

DPW - CITY ENGINEERING DIVISION PLANNING AND DEVELOPMENT DEPARTMENT
MAYOR'S OFFICE POLICE DEPARTMENT
FIRE DEPARTMENT MUNICIPAL PARKING DEPARTMENT
RECREATION DEPARTMENT BUSINESS LICENSE CENTER

DAC Cycling L3C, request to hold "Detroit Cycling Championship" on July 13, 2019 from 6:00 AM to 8:00 PM with temporary closures of Grand River, Bagley, 1st and 3rd streets.

# City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the special events guidelines, please print them out for reference. You are required to complete the information below so that the City of Detroit can gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the City of Detroit Clerk's Office at least 60 days prior to the first day of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets or maps as needed.

Section 1- GENERAL EVENT INFORMATION					
Event Name: Detroit Cycling Championship					
Event Location: Detroit's	Beacon Park (re	onte a Hacked) Fun Ride			
Section 2	- ORGANIZATION/APPLICA	NT INFORMATION			
Organization Name: DAC	Cycling L3C				
Organization Mailing Address: 24	Madison Avenu	e, Detroit, MI 48226			
	63-9200	Business Fax:			
Federal Tax ID # 81-472	9845				
	n-profit, indicate non-profit ID number	and attach a copy of the certificate.			
Applicant Name: Deteoi	+ Cyclinglac, To	ed Gillary			
Title/Role: Execut	ve Director				
Email Address: Jedge+	hedac.com				
Mailing Address: 241 Ma	idison Ave, Detroi-	-, MI Y8236			
Business Phone: 313 447	213 LW2-1020 / 313-220-69 40 Business Fax:				
Event On-Site Contact Person: Ro	b Barr (Kristin R	(Her-313-910-9868)			
Mailing Address: 241 Madis	on Avenue, Detroit, A	UI 48271			
Business Phone: 313 442 - 1046 313 475-6872 Business Fax:					
List name/phone number of person(s) authorized to make decisions for the organization/event (indicate role/responsibility).					
List Event Sponsors: to conform ( see past sponsor/ist) = Chemical Bank,					
1)16 6161911					
Event Elements (check alt ingrapply)	[ ] Carnival/Circus	[ ] Concert/Performance			
[ ] Walkathon	Bike Race	[ ] Religious Ceremony			
[ ] Run/Marathon	[ ] Festival	[ ] Filming			
[ ] Political Event	• •	[ ] Rally/Demonstration			
[ ] Parade	[ ] Sports/Recreation	Mother: Expo			
[ ]Convention/Conference	[ ] Fireworks	Monier.			

Provide a brief description of your event:					
A pro and amateur bike race through the					
a pro and amateur bike race through the city. Includes realthy living expo, kids bike					
give away to children in the city of Detroit					
What are the projected set-up, event and tear down dates and times (must be completed)?  Begin Set-up Date & Time: 7/12/19 (8pm) omplete Set-up Date & Time: 7/13/19 (7mm)					
Event Start Date & Time: 7/13/19 (BAME) ent End Date & Time: 7/13/19 (Bame)					
Begin Tearing Down Date: 7/13/19 (8 pm) omplete Tear Down Date: 7/13/19 (11 pm)					
Event Times (If more than one day, give times for each day):					
Is this the first time you have held this event in the City of Detroit?					
If no, what years has the event been held in Detroit? 2017, 2018					
When was the event last held in Detroit?  July 14, 2018					
Where was the event last held in Detroit?  Beacon Park, Defroit					
What were the hours last year?  Same - 6Am - 8pm					
Project Attendance This Year (Minimum – Maximum)? 7 – 10,000					
What is the basis for your projected attendance? DDP est. From 2018 and anticipated					
growth					
Please describe your anticipated/ target audience:					
T ( ( 11-12 2020 / 201)					
If a parade is planned. Indicate elements (check all that apply):  [ ] People [ ] Balloons					
[ ] Floats [ ] Animals					
[ ] Vehicles [ ] Other:					
[ ] Bands					
If animals included, specify type, number and how used.					
Name of business supplying animal(s):					
Contact Person:					
Address: Phone:					
City/State/Zip:					

Section 3- LOCATION/SITE INFORMATION
Location of Event: Detroit Beacon Park (see map attached)
Facilities to be used (circle): Street Sidewalk Park City Facility
Please attach a site plan which illustrates the anticipated layout of your event including the following:
-Public entrance and exit -Location of merchandising booths -Location of food booths -Location of garbage receptacles -Location of beverage booths -Location of sound stages -Location of hand washing sinks -Location of portable restrooms  -Location of portable restrooms  -Location of First Aid -Location of fire lane -Proposed route for walk/run -Location of tents and canopies -Sketch of street closure -Location of bleachers -Location of press area -Location of press area -Sketch of proposed light pole banners
Section 4- ENTERTAINMENT
What type of entertainment will be used? (check all that apply)
[ ] Singers [ ] Magician
[ ]Musicians [ ] Story Telling
[ ] Comedians [ Announcer
Describe the entertainment for this year's event: community expoanound cycling
event
List proposed entertainers and/or bands performing at the event: N/A - DJ event nate
Will a sound system be used? Yes No
If yes, what type of sound system?
Acoustic-audible, sound heard within natural range
[ ] Amplified-augmented, sound increased to broaden range
The amplified sound will be used:
Will the event consist of a musical concert?  Yes
If yes, what type of music? (check all that apply)
[ ] Live [ ] Recorded [ ] Karaoke/Lip-synch
Describe specific power needs for entertainment and/or music:
How many generators will be used?
How many generators will be used?  How will the generators be fueled?  Name of vendor providing generators:  Contact Person:  Todd Villeneuve - Event Theory  ZOBOI RYAN Road  Warren, MI 48091 586-755-0000
Name of vendor providing generators:
Contact Person: Todd VIII en euve - Event Theory
Warren, MI 48091 586-735-0000

Address: 20801 Ryan Road Phone: 586-755-0000
City/State/Zip: Warrem, MI 48091
Section 5- COMMUNICATION/ADVERTISING STRATEGY
Check all applicable boxes that describe the type of promotion you plan to use to attract participants:
Radio (Specify stations):
Television (Specific stations):
Newspapers (specify papers):
Web site (identify web address):
Public Relations or Marketing Firm (Specify): +BD (pro-bono)
Contact Info: [ ] Raffle (List Item(s)):
[ ] Billboards
Flyers + MI Y8776
Astreet Banners at DAC property, 241 Madison Avenue, Detroit, MI 48726
[ ] Other (specify):
NOTE: All raffles subject to laws of State/City.
Section 6- SALES INFORMATION
Will there be advanced ticket sales? These I No   Course viewing is If yes, please describe: VIP fent \$75   Free to community
Will there be on-site ticket sales? Yes No If yes, list price(s): \$75
Will food be sold?  Will food be sold?  If yes, please pick up Special Events Vendor Packet in Suite 105:
If yes, list price(s): \$75  Will food be sold?   Xyes □ No
Will food be sold?  Will special Events Vendor Packet in Suite 105:  Will merchandise be sold?  Yes
Will food be sold?  Will food be sold?  If yes, please pick up Special Events Vendor Packet in Suite 105:  Will merchandise be sold?  If yes, describe:  Ves
Will food be sold?  If yes, please pick up Special Events Vendor Packet in Suite 105:  Will merchandise be sold?  If yes, describe:  Will a percentage of the proceeds be distributed to a charitable organization?  If yes, describe:  Will a percentage of the proceeds be distributed to a charitable organization?  If yes, describe:  Will a percentage of the proceeds be distributed to a charitable organization?  We no beautify and give back  To beautify and give back  To find city through the
Will food be sold?  Will food be sold?  Will merchandise be sold?  Will merchandise be sold?  Will a percentage of the proceeds be distributed to a charitable organization?  Will a percentage of the proceeds be distributed to a charitable organization?  Will a percentage of the proceeds be distributed to a charitable organization?  If yes, describe:  Will a percentage of the proceeds be distributed to a charitable organization?  Will a percentage of the proceeds be distributed to a charitable organization?  Will a percentage of the proceeds be distributed to a charitable organization?  Will a percentage of the proceeds be distributed to a charitable organization?  Will a percentage of the proceeds be distributed to a charitable organization?  Wes No  Dack Info Communify  To beautify and 31 ve back  To the city farough the  Will there be vending or sales?  If yes, check all that apply:
Will merchandise be sold?  Will merchandise be sold?  Will a percentage of the proceeds be distributed to a charitable organization?  If yes, describe:  Will a percentage of the proceeds be distributed to a charitable organization?  If yes, describe:  Will a percentage of the proceeds be distributed to a charitable organization?  If yes, describe:  Will a percentage of the proceeds be distributed to a charitable organization?  If yes, describe:  Will a percentage of the proceeds be distributed to a charitable organization?  If yes, describe:  Will a percentage of the proceeds be distributed to a charitable organization?  The second of the proceeds be distributed to a charitable organization?  We so No  Dack I who a since have beautify and give back to the city through the part of the city through the part of the proceeds all that apply:  Will there be vending or sales?  If yes, check all that apply:  Wherehandise — Sports   event
Will merchandise be sold?  Will merchandise be sold?  Will a percentage of the proceeds be distributed to a charitable organization?  If yes, describe:  Will a percentage of the proceeds be distributed to a charitable organization?  If yes, describe:  Will a percentage of the proceeds be distributed to a charitable organization?  If yes, describe:  Will a percentage of the proceeds be distributed to a charitable organization?  If yes, describe:  Will a percentage of the proceeds be distributed to a charitable organization?  If yes, describe:  Will a percentage of the proceeds be distributed to a charitable organization?  The second of the proceeds be distributed to a charitable organization?  We so No  Dack I who a since have beautify and give back to the city through the part of the city through the part of the proceeds all that apply:  Will there be vending or sales?  If yes, check all that apply:  Wherehandise — Sports   event
Will food be sold?  Will merchandise be sold?  Will a percentage of the proceeds be distributed to a charitable organization?  If yes, describe:  Will a percentage of the proceeds be distributed to a charitable organization?  If yes, describe:  Will a percentage of the proceeds be distributed to a charitable organization?  If yes, describe:  The event is a fundraiser, identify charity or recipient of funds:  DAC Foundation  Will there be vending or sales?  If yes, check all that apply:  Merchandise — Sports   event

Will these be exclusive	vendors or outside	vendors? (please	describe)
Will these be exclusive	Velluois of outside	Tottaois. (preme	

both - internal Jexternal

Section 7- PUBLIC SAFETY & PARKING INFORMATION
Name of Private Security Company: Existing park contract security will be used.
Contact Person: City Shield Services, Al Shenonda
Address: 3420 Cass Avenue Phone: al@cityshield.com
City/State/Zip: Detroit, MI 48201
Number of Private Security Personnel Hired Per Shift: TBD
Are the private security personnel (check all that apply):
[ ] Armed Bonded
Describe the emergency evacuation plan: please see attached
Describe the parking plan to accommodate anticipated attendance: please see affacted
How will you advise attendees of parking options? Via registration, on-site
Are you seeking a group parking rate?
2 CONTRAINITY IMPACT INFORMATION
Section 8- COMMUNITY IMPACT INFORMATION
How will your event impact the surrounding community (i.e.
pedestrian traffic, sound carryover, safety)?  +raffic
Have local neighborhood groups/businesses approved your event?  DTE Energy   Luman - yes
DTE Energy   Luman - yes
Indicate what steps you have or will take to notify them of your event:
Indicate contact names and phone numbers (for verification) or attach approved letter(s):
Ted Gillary, DAC
Section 9- EVENT SET-UP
Complete the appropriate categories that apply to the event. Lewis and Steges
Complete the appropriate categories that apply to the event. Fents and steges Structure  B-stayes, 2 large 20×30 tents  How Many?
Size/Height 20 16x10+em >
Booth

Staging/Scaffolding  Bleachers  Company:  Grill [] Gas [] Charcoal [] Electrical [] Propane  Fireworks (Pyrotechnics) [] Aerial [] Stage  Provide Sketch:  Porjable Restrooms:  Standard  Vehicles  - Aispland  - wellness  - gulfcoards  Typer/Weight:  Other:  NOTE: Specific requirements must be met and special approval must be received by the Detroit Fire Department.  Will additional electrical wiring need to be installed? Specify locations, voltage, amperage, and phase.  NO  Will additional utility services be used (power, water, etc.)? Please describe.  NO  Do you plan a fireworks display? List dates, time, location, vendor, and attach certificate of insurance.		181
Bleachers  Company:  Grill [] Gas [] Charcoal [] Electrical [] Propane  Fireworks (Pyrotechnics) [] Aerial [] Stage  Provide Sketch:  Portable Restrooms:   Standard   NDA Accessible	Canopy (open on all sides)	
Company:  Grill [] Gas [] Charcoal [] Electrical [] Propane  Fireworks (Pyrotechnics) [] Aerial [] Stage  Provide Sketch:  Portable Restrooms:	Staging/Scaffolding	
Grill [] Gas [] Charcoal [] Electrical [] Propane  Fireworks (Pyrotechnics) [] Aerial [] Stage  Provide Sketch:  Portable Restrooms:	Bleachers	
[] Gas [] Charcoal [] Electrical [] Propane  Fireworks (Pyrotechnics) [] Aerial [] Stage  Provide Sketch:  Porjable Restrooms:  Standard  Vehicles — Wada Accessible  Vehicles — Wellness — Shuffles — display — wellness — Shuffles  Type/Weight:  Other:  NOTE: Specific requirements must be met and special approval must be received by the Detroit Fire Department.  Will additional electrical wiring need to be installed? Specify locations, voltage, amperage, and phase.  NO  Will additional utility services be used (power, water, etc.)? Please describe.  NO  Do you plan a fireworks display? List dates, time, location, vendor, and attach certificate of insurance.	Company:	
Portable Restrooms: Standard Vehicles Aispland - wellness - displand - grlfconts  Type/Weight:  Other:  NOTE: Specific requirements must be met and special approval must be received by the Detroit Fire Department.  Will additional electrical wiring need to be installed? Specify locations, voltage, amperage, and phase.  NO  Will additional utility services be used (power, water, etc.)? Please describe.  NO  Do you plan a fireworks display? List dates, time, location, vendor, and attach certificate of insurance.		[ ] Propane
Portable Restrooms:   Standard   MADA Accessible		
Vehicles emergency — wellness — Shuffles  Type/Weight:  Other:  NOTE: Specific requirements must be met and special approval must be received by the Detroit Fire Department.  Will additional electrical wiring need to be installed? Specify locations, voltage, amperage, and phase.  NO  Will additional utility services be used (power, water, etc.)? Please describe.  NO  Do you plan a fireworks display? List dates, time, location, vendor, and attach certificate of insurance.	Provide Sketch:	
Other:  NOTE: Specific requirements must be met and special approval must be received by the Detroit Fire Department.  Will additional electrical wiring need to be installed? Specify locations, voltage, amperage, and phase.  NO  Will additional utility services be used (power, water, etc.)? Please describe.  Do you plan a fireworks display? List dates, time, location, vendor, and attach certificate of insurance.	Standard ADA Accessible	
NOTE: Specific requirements must be met and special approval must be received by the Detroit Fire Department.  Will additional electrical wiring need to be installed? Specify locations, voltage, amperage, and phase.  NO  Will additional utility services be used (power, water, etc.)? Please describe.  NO  Do you plan a fireworks display? List dates, time, location, vendor, and attach certificate of insurance.	Vehicles emergenny - wellness - display - golfcort	-shuffles
Will additional electrical wiring need to be installed? Specify locations, voltage, amperage, and phase.  NO  Will additional utility services be used (power, water, etc.)? Please describe.  NO  Do you plan a fireworks display? List dates, time, location, vendor, and attach certificate of insurance.	Other:	
Will additional utility services be used (power, water, etc.)? Please describe.  NO  Do you plan a fireworks display? List dates, time, location, vendor, and attach certificate of insurance.	NOTE: Specific requirements must be met and special approval must be re	eceived by the Detroit Fire Department.
Will additional utility services be used (power, water, etc.)? Please describe.  NO  Do you plan a fireworks display? List dates, time, location, vendor, and attach certificate of insurance.	Will additional electrical wiring need to be installed? Specify locations, vo	oltage, amperage, and phase.
Do you plan a fireworks display? List dates, time, location, vendor, and attach certificate of insurance.	No	
	· ·	pe.
No	Do you plan a fireworks display? List dates, time, location, vendor, and at	tach certificate of insurance.
	No	

	Section 10- COMPLETE ALL THAT APPLY
Name of Sanitation Con	mpany collecting refuse and garbage?
Contact Person:	)P
Address:	Phone:
City/State/Zip	
Name of company prov	viding emergency medical services?
Contact Person:	DMC & DMC RIM-Patricia Jobbi H Hoskin-313-745-9710
Address: 39	90 John R.
City/State/Zip:	setroit, NI48201
Name of company pro-	viding porta-johns.
Contact Person:	scotties Potties. Tiffany@ Scotties Potties. com
	940 Wick St. Phone: 734-421-1400
	Comulus, MI 48180
Name of private cateri	ing company?
Contact Person:	Detroit Adulatic Club -
Address: 241	Madison Phone: 313-963-9200
City/State/Zip:	Detroit, MI 48226
SPECIAL USE REQU	JESTS
	ible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening.
Maighborhood Signatur	res must be submitted with application for approval.
下,	2st Street, Grand Blod, Second Ave, Third St, Basley
Attach a man or sket	sh of the proposed area for closure.
STREET NAME:	( see a Hacked)
FROM —	
Closure Dates:	
Beg. Time:	
End Time: — Reopen Date:	
Time:	

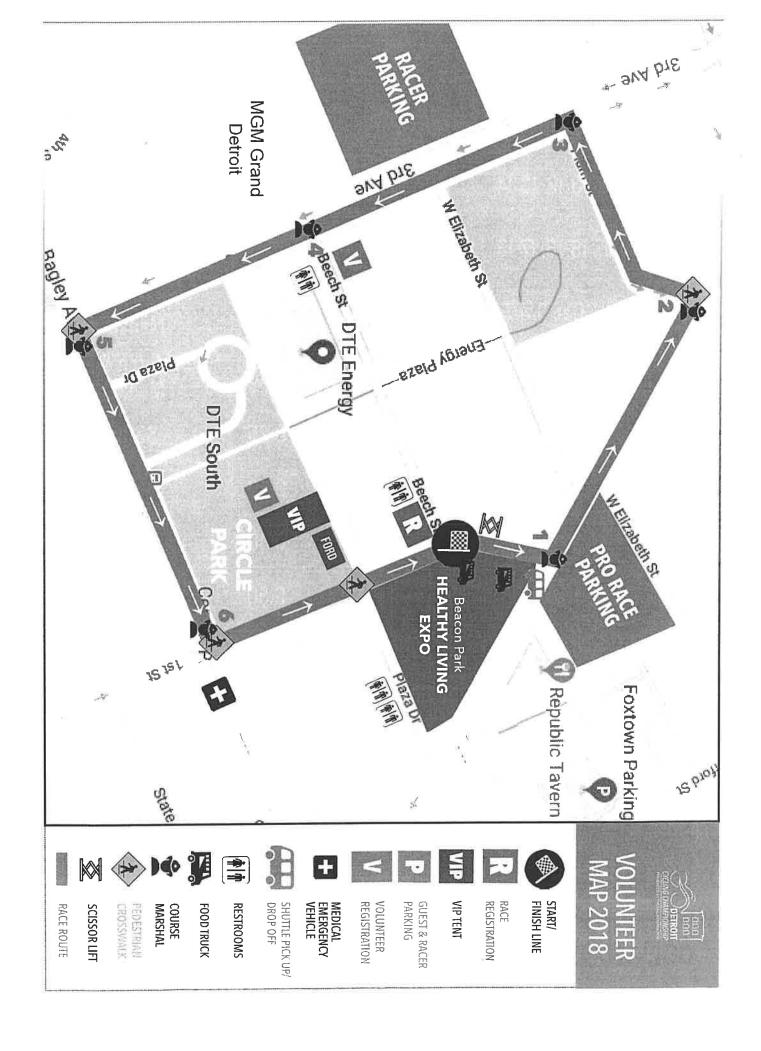
STREET NAME:		
9		
FROM		
TO	L-11811	
10		
Ol D :		
End Time:		
Reopen Date:		
Time:		
STREET NAME:		
FROM		
TO		
	A STATE OF THE PARTY OF THE STATE OF THE STA	
Closure Dates:		
Beg. Time:		
End Time:		
D D .		,
Time:		
	A THE STATE OF THE	
STREET NAME:		
FROM		
то		
Beg. Time:		
n Im		
Data Data		
Time:		
Requested City Equipment		
Provided In:	(year)	
Current Request:	(year)	
1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Street Closures:		
<i>*</i>		
Posting no parking signs	[ ] Light pole	
[ ] Electrical Services	[ ] Storage for Trailer	rs/Trunks
Barricades are not available	from the City of Detroit.	
ADDITIONAL INFORMAT	ION	
Is there any additional informa	tion that you feel is important to mention regal	rding your event or additional requests?
The Deber	L Cual - Chans	sizedly is a frast-only
I he servo	it Cycling Change	oronship is a trast-rat
community	event that is	attracting people in
to compa	unilar lough and	and folly from an
The Corribble	ming pasinesses	, and to I'm arome
the aloh	e to commonete.	
	- Company	
,	V	

#### **AUTHORIZATION & AFFADAVIT OF APPLICANT**

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulation established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Signature of Applicant On behalf of DAC Cycling LCC Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.



RACE	START	DURATION	PRIZES
DAC Cycling Club Race	8:00 AM	0:20	Medals
Juniors 10-12, 13-14	8:30 AM	0:15	Merch & Medals
Juniors 15-16, 17-18	8:55 AM	0:25	Merch & Medals
Women Cat. 3/4/5	9:30 AM	0:25	Merch & Medals
Men Cat. 4/5	10:05 AM	0:30	Merch & Medals
Masters 35+ Cat. 3/4	10:45 AM	0:25	\$500
Men's Cat. 3	11:20 AM	0:40	\$1,000
Master's 50+ 1/2/3/4	12:10 PM	0:40	\$500
Men's Cat. 2/3	1:00 PM	0:50	\$1,500
Masters 35+ Cat. I/2/3	2:00 PM	0:50	\$1,000
Women's Pro Cat. 1/2	3:00 PM	1:00	\$15,000
Military Veteran (non USA Cycling)	4:10 PM	0:15	Medals
Kid's Race	4:30 PM	0:15	Medals
Men's Pro Cat. I	5:00 PM	1:20	\$15,000

QUESTIONS? CONTACT SEAN BROWN AT (313) 695-7572











#### **EVENT NOTIFICATION**

Dear Neighbor,

On Saturday, July 13, 2019, the Detroit Cycling Championship will take place in the Downtown Detroit Entertainment District, around the Beacon Park. The professional and amateur cycling competition is a USA Cycling sanctioned event featuring more than 13 races for men and women athletes throughout the day. The .8 mile race course consists of six turns and requires street closures. We are writing to inform you that street closures will begin approximately 7:00 p.m. on Friday, July 12, 2019, re-open by 5:00 a.m. of Sunday, July 14, 2019. As our valued neighbor, we wanted you to be the first to know about the upcoming race.

A race course map and draft schedule has been included for reference. Additional updates will be available in the Detroit Cycling Championship website at DetroitCycling.com.

In addition, we invite you to get engaged with this community event that will attract racers and spectators from around the world—representing 20 U.S. states and eight countries. In our second year, we hosted 415 professional and amateur cyclists to compete for more than \$45K in cash prizes and primes. In the coming months, we will send you additional information to get your business involved and participate in the festivities.

Thank you for your support and we look forward to a first-rate sporting event in the city of Detroit. If you should have any questions, please contact me at +1-313-963-9200 or tedg@thedac.com.

Kind regards,

Ted Gillary
Executive Director
Detroit Athletic Club





**EIN Assistant** 

Your Progress:

1. Identity

2. Authenticate

3. Addresses

4. Dotalis

5. EIN Confirmation

Congratulations! The EIN has been successfully assigned.

EtN Assigned: 81-4729845

Legal Name: DAC CYCLING L3C

The confirmation letter will be mailed to the applicant. This letter will be the applicant's official IRS notice and will contain important information regarding the EIN. Allow up to 4 weeks for the letter to arrive by mail.

We strongly recommend you print this page for your records.

Click "Continue" to get additional information about using the new EIN.

Continue >>

Help Topics

Can the EIN be used before the confirmation letter is received?

# 2018 Emergency Action Plan

# **Detroit Cycling Championship**

Detroit, Michigan July 14, 2018

#### Contents

Emergency Action Plan
Severe Weather Policy
Public Awareness
Assessment of Course

#### **Emergency Action Plan**

An emergency situation may arise during the Detroit Cycling Championship event and this is an outline covering how to manage those situations. The race-assigned phones/radios will be the primary form of communication between race staff, course marshals, medicals staff, and

community officials (police and fire departments if present at the race location). **Emergency Action Plan Personnel – Detroit Cycling Championship** 

RIM first aid staff

Universal Ambulance – on standby

**Course Marshalls** 

Official Race Staff (including USA Cycling race officials)

**Detroit Police and Fire Officers** 

#### **Roles of the Emergency Staff Personnel:**

\_RIM\_\_\_ first aid staff: Assess injury or illness of individual and treat the minor scrapes and bruises that go along with bike racing (providing basic first aid, wound care, etc.), as well as evaluating/handling any major injuries that might occur and determine if more medical care is needed which may include contacting [Universal Ambulance] for medical transport.

<u>Course Marshalls:</u> Alert Chief Referee and medical staff of an injury/accident via the radio communications and determine appropriate action with respect to ongoing race status. Course Marshalls will also be assigned to intersections and course crossings for crowd control and safety during the bike races (see diagram on last page for course marshal stations).

Official Race Staff: Help direct crowd control in the event of a significant emergency situation.

#### **Basic guidelines for Emergency Team:**

*Immediate care of athlete*: Most qualified individual on the scene should provide direct acute care.

Life threatening: RIM first aid staff [and/or Universal Ambulance]: provides immediate care i.e. CPR, spinal stabilization, control severe bleeding, etc.

Orthopedic: RIM first aid staff [and/or Universal Ambulance]: to assess severity of injury and appropriate transport method i.e. ambulance, transport via cart to first aid tent, athlete able to walk, etc.

General medical: First aid tent – located near start/finish line (Beech St and 1st St)

**EMT Activation:** This should be done as soon as the situation is deemed life threatening in any emergency situation. Either medical staff person or Race official should make the call to Universal Ambulance and/or EMT. The person calling needs to remain calm and have the following information:

• Patients name, caller's name, phone #, location

- Severity of injuries, # of people involved
- · What care is being provided
- Instructions to reach the scene

The communication to EMT will be made by cellular phone or race radio. Once the call is made either a medical staff person or race staff person needs to meet the emergency medical staff at the designated location. Note: in no circumstances should EMT personnel or ambulance enter onto the racecourse without first consulting with the USA Cycling Chief Referee to make sure the bike race has been "neutralized" (i.e., stopped).

#### **Emergency Communication Equipment:**

The main form of communication will be race-assigned radios and cellular phones and at each venue will be checked for level of reception/signal.

**Emergency Equipment:** Emergency equipment such as splints, slings, crutches, etc. will be kept in the first aid tent located near start/finish line (Beech St and  $1^{st}$  St)

**Spectators, Media, Family Members:** Event staff will maintain spectators at a distance to allow medical staff to provide care and emergency medical personnel access to the location. Sports information/marketing personnel will direct media to an appropriate site until a statement is available. Event officials will escort family members to a private area until medical staff is able to communicate the plan of care and give information about the incident.

**Overall**: The importance of being properly prepared cannot be stressed enough to insure the best possible care for a rider in the event of an emergency.

#### Severe Weather Policy

#### Lightening/Tornado:

The Official Race Staff in consultation with the Police Department and/or Fire Department will help to monitor weather conditions and weather alerts that may arise primarily through the use of smart phone technology. The Official Race Staff will keep the Course Marshalls informed of the weather conditions/alerts. The Official Race Staff in consultation with the Police and/or Fire Department will make the determination as to the race being delayed, postponed, etc.

In the event of a weather interruption, the Official Race Staff will work with the race announcers and Course Marshals to notify riders and spectators of the situation.

DCC Staff, participants etc. will be directed into shelter in place for any adverse weather conditions or civil unrest..

#### **Event Medical Staff:**

RIM first aid staff and Universal Ambulance

Coverage times: 8:00 am to 6:20 pm

#### **Event First Aid Tent**

Located near start/finish line (Beech St and 1st St)

#### Vehicle for Medical Staff:

Contact Universal Ambulance (Channel 10 on radio) and/or dial 911 for ambulance

#### **Emergency Medical Personnel/Transport:**

#### **Detroit Fire Department**

Located at 115 Montcalm approx .9 mile from the race Start/Finish area and access to all areas of the racecourse via streets that intersect the course.

#### Nearest Trauma One Hospital:

#### Detroit Receiving (Level 1)

#### 4201 St. Antoine Detroit, MI 48201

Located approximately 1.9 miles from the Race Course (insert directions to hospital here)

#### Nearest Hospital: Detroit Receiving Hospital

Located approx. 1.9 miles from the Race Course. (Insert directions to hospital here)

#### Important Numbers: \*

Universal Ambulance (O) 586.939.4350

**Detroit Police** 

Emergency 911.

Non-Emergency (313) 596.1301(3<sup>rd</sup> Precinct)

Detroit Fire Department (non-emergency) (313.596.1660 DMC Receiving General number (313) 745.4696

# The Detroit Cycling Championship July 14, 2018

#### Day-of Contact Sheet/Race Schedule/Race Course

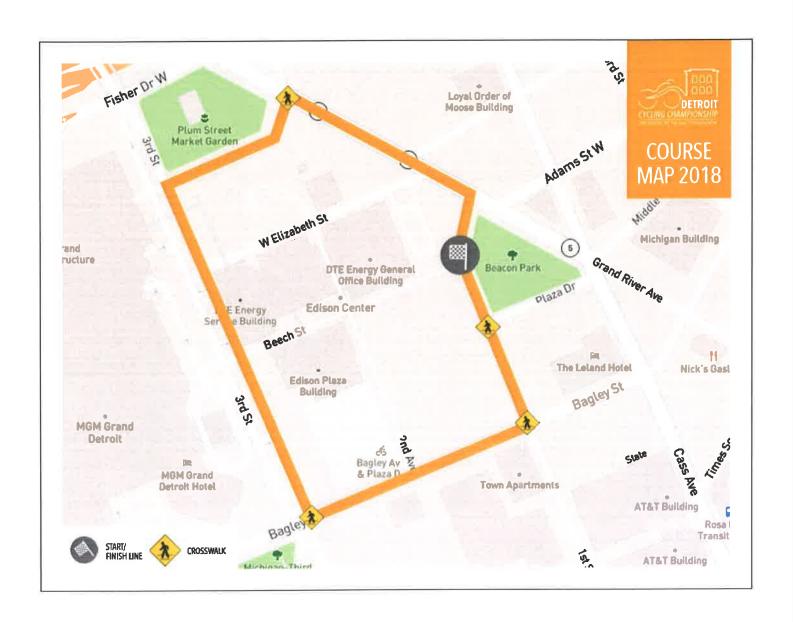
<u>Name</u>	Title/Affiliation	<u>Cell Phone</u>		
	Local Bike Race Staff			

Vrietin Dittor	DAC	313.394.6349
Kristin Ritter		
Rob Barr	DAC	313.475.6872
Kevin Heidisch	DAC	313.220.5201
	City of Detroit	
	Race Organizers	
Tom Schuler	Event Director	414-899-9048
Ken Voyles Marketing Director		313.442.1034
Andrew Frey	Crew Chief	513 807 5385
Beth Rice	Stage Manager	908 887 3739
	<b>USA Cycling Race Officials</b>	
Mitch Beckner	Chief Referee, USA Cycling	937 875 0081
	<b>Detroit Police/Fire Depts.</b>	
Conrad Petty	Captain, Downtown Services	313.743.7476
Mark Carson	Supervising Event	313.805.6960
	(First Aid)	
Rehabilitation Institute of Michigan (RIM)	Nadia Al'Naimi	248.830.9703
	<u>Ambulance</u>	
Universal Ambulance	Standby ambulance on-site	(O) 586.939.4350

# **Race Schedule**

DAC Cycling Club Race	8:00 AM	0:20
Juniors 10-12, 13-14	8:30 AM	0:15
Juniors 15-16, 17-18	8:55 AM	0:25
Women Cat. 3/4/5	9:30 AM	0:25
Men Cat. 4/5	10:05 AM	0:30
Masters 35+ Cat. 3/4	10:45 AM	0:25
Men's Cat. 3	II:20 AM	0:40
Master's 50+ 1/2/3/4	12:10 PM	0:40
Men's Cat. 2/3	1:00 PM	0:50
Masters 35+ Cat. 1/2/3	2:00 PM	0:50
Women's Pro Cat. I/2	3:00 PM	1:00
Military Veteran (non USA Cycling)	4:10 PM	0:15
Kid's Race	4:30 PM	0:15
Men's Pro Cat. I	5:00 PM	1:20

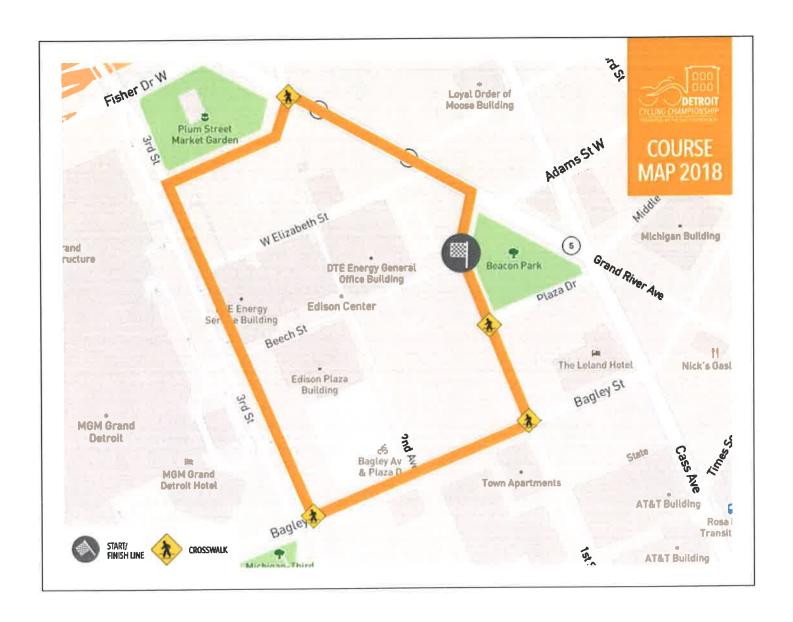
## **Race Course**



# **Race Schedule**

DAC Cycling Club Race	8:00 AM	0:20
Juniors 10-12, 13-14	8:30 AM	0:15
Juniors 15-16, 17-18	8:55 AM	0:25
Women Cat. 3/4/5	9:30 AM	0:25
Men Cat. 4/5	10:05 AM	0:30
Masters 35+ Cat. 3/4	10:45 AM	0:25
Men's Cat. 3	II:20 AM	0:40
Master's 50+ 1/2/3/4	12:10 PM	0:40
Men's Cat. 2/3	1:00 PM	0:50
Masters 35+ Cat. 1/2/3	2:00 PM	0:50
Women's Pro Cat. 1/2	3:00 PM	1:00
Military Veteran (non USA Cycling)	4:10 PM	0:15
Kid's Race	4:30 PM	0:15
Men's Pro Cat. I	5:00 PM	1:20

## **Race Course**



#### Bethanie Fisher - Re: Detroit Cycling Championship additional information requested

From:

"Kristin Ritter (US - IFS)" < kristin.m.ritter@pwc.com>

To:

Bethanie Fisher <fisherb@detroitmi.gov>

Date:

3/14/2019 4:14 PM

Subject:

Re: Detroit Cycling Championship additional information requested

Cc:

Shannon Murray <shannonm@thedac.com>

Attachments: DCC Traffic control.pdf

#### Hi there Bethanie,

I just realized that I did not attached one file with the streets. As mentioned, the the turn by turn covers the course, actual street closures. As mentioned, the time closures would be 12midnight to 10pm on July 13. As indicated on the map.

Plum from 3<sup>rd</sup> to Grand River

3<sup>rd</sup> from Plum to Bagley

Bagley from 3<sup>rd</sup> to Grand River

1<sup>st</sup> from Bagley to Grand River

Grand River from Service Drive to Cass

W. Elizabeth from grand River to Cass

Adams from Grand River to Cass.

Cass Avenue is open for people to access the parking lots

Access to the MGM garage on 3<sup>rd</sup> Street remains open during the event.

We rent Olympia Developments parking lot for Pro Racer parking.

Thank you!

Kristin

MRODRIGUEZ



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/14/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRO	DUCER				CONTA NAME:	<sup>CT</sup> Fairly Gr	oup Certifi	cates			
Fairly Consulting Group, LLC 1800 S. Washington, Suite 400 Amarillo, TX 79102			PHONE (A/C, No, Ext): (806) 376-4761 FAX (A/C, No): (806) 337-1859								
			E-MAIL ADDRESS: certs@fairlygroup.com								
				INSURER(S) AFFORDING COVERAGE NAIC #					NAIC#		
					INSURE	RA: Lexingt	on Insuran	ce Company			19437
INSU	RED				INSURE	RB:					
	USA Cycling, Inc.				INSURER C:						
	210 USA Cycling Point, Suite	e 100	)		INSURE	RD:					
	Colorado Springs, CO 80919				INSURE	RE:					
					INSURE	RF:					
co	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUM	MBER:		
Т	HIS IS TO CERTIFY THAT THE POLICIE										
l li	IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY	EQUI	REME	ENT, TERM OR CONDITION	N OF A	NY CONTRAC	CT OR OTHER	DOCUMENT WI	TH RESPE	CT TO	WHICH THIS
E	XCLUSIONS AND CONDITIONS OF SUCH I	POLI	CIES.	LIMITS SHOWN MAY HAVE	BEEN	REDUCED BY	PAID CLAIMS.	ED HEKEIN 19 9	OBJECTI	O ALL	THE TERMS,
INSR LTR			SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY					-		EACH OCCURREN	CE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		015375404		12/31/2018	12/31/2019	DAMAGE TO RENT PREMISES (Ea occi		\$	1,000,000
		^		V**				MED EXP (Any one		\$	Excluded
								PERSONAL & ADV	11	S	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC	· · · · · · · · · · · · · · · · · · ·	\$	3,000,000
	POLICY PECT LOC							PRODUCTS - COM		s	2,000,000
	X OTHER: Per Event							7 NODOOTO - GOIM	701 7100	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	ELIMIT	\$	
	ANY AUTO							BODILY INJURY (Pa	ar person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Pa		\$	
	HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAG (Per accident)	3E	S	
	DATA SE TECHNIS									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION\$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDE	NT	\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA I	EMPLOYEE	\$	
	lf yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	JCY LIMIT	\$	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (	ACORE	) 101, Additional Remarks Schedu	le, may b	e attached If mor	e space is requir	ed)			
End	2019-913 orsement LEXDOC021 (LX0404) SCHED	ULE	OF N	NAMED INSUREDS: Event	Organi	izers and/or P	romoters are	Named Insured	s. It shal	l be a c	condition of
cov	erage that all organizers/promoters for v	vhon	1 COV	erage is afforded under thi	is polic	y execute a U	SAC Event P	ermit Applicatio	n and cov	/erage	will be
affo	rded only for the specific event and date	e(s) (	n the	e permit.							
The	General Liability policy includes a blank	cet a	utom	atic additional insured end	lorseme	ent that provid	des additiona	I Insured status	to the ce	rtificat	e holder only
whe	when there is a written contract between a named insured and the certificate holder that requires such status. Please see attached endorsement LX4309										
SEE	ATTACHED ACORD 101										
CE	RTIFICATE HOLDER				CANC	ELLATION					
								ESCRIBED POLIC			
	City Of Detroit							EREOF, NOTICE Y PROVISIONS.	- AAIFF E	JE DE	FIACUED IM
	Two Woodward Ave Detroit, MI 48226										
Detroit, Wi 40220			AUTHORIZED REPRESENTATIVE								

ACORD 25 (2016/03)

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#### **ENDORSEMENT**

This endorsement, effective 12:01 AM 12/31/2018

Forms a part of policy no.: 015375404

Issued to: USA CYCLING, INC.

By: LEXINGTON INSURANCE COMPANY

#### ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

(Based on CG 2026 04/13)

This endorsement modifies insurance provided by the following:

#### COMMERCIAL GENERAL LIABILITY POLICY

#### **SCHEDULE**

Name of Additional Insured Person(s) or Organization(s)

AS REQUIRED BY WRITTEN CONTRACT

Information required to complete this Schedule, if not shown above, will be shown in the Declarations

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
  - 1. In the performance of your ongoing operations; or
  - 2. In connection with your premises owned by or rented to you.

#### However:

- The insurance afforded to such additional insured only applies to the extent permitted by law;
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

ACORD'

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED		
Fairly Consulting Group, LLC		USA Cycling, Inc. 210 USA Cycling Point, Suite 100		
POLICY NUMBER		Colorado Springs, CO 80919		
SEE PAGE 1				
CARRIER	NAIC CODE			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

(06/14) - Additional Insured - Designated Person or Organization.

Event Number: 2019-913

**Event Name: Detroit Cycling Championship** 

Event Location: Detroit, MI Event Date(s): 07/13/2019 Includes Kids Fun Ride 2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations

All other terms and conditions of the policy remain the same.

**Authorized Representative** 

55

2019-02-12

679 Petition of DAC Cycling L3C, request to hold "Detroit Cycling Championship" on July 13, 2019 from 6:00 AM to 8:00 PM with temporary closures of Grand River, Bagley, 1st and 3rd streets.

# REFERRED TO THE FOLLOWING DEPARTMENT(S)

DPW - CITY ENGINEERING DIVISION PLANNING AND DEVELOPMENT DEPARTMENT MAYOR'S OFFICE POLICE DEPARTMENT FIRE DEPARTMENT MUNICIPAL PARKING DEPARTMENT BUSINESS LICENSE



# MAYOR'S OFFICE COORDINATORS REPORT

OVERALI	_ STATUS (ple	ase cir	cle): ✓ APP	ROVED	DENIED N/A CANCELED		
Petition #:	745	Ever	<sub>nt Name:</sub> Utopi	a Garde	ens		
	April 20, 2		-				
	<sub>ure:</sub> Bellevue		et	==:			
	n Name: Utopi						
Street Addr	ess: 6541 E.	Lafa	yette Detroi	t, MI 48	207		
	e of the COMPLI						
Date of City	Clerk's Departm	ental R	eference Commi	unication:			
Due date fo	r City Departmer r the Coordinator	nts repo rs Repo	πs: rt to City Clerk:				
Event Elem	ents (check all th	at apply	y):				
Walkath	on Ca	rnival/C	ircus	Concert	/Performance Run/Marathon		
Bike Ra	ce Re	ligious	Ceremony	Political	Ceremony		
Filming	Pa	rade		Sports/F	Recreation Rally/Demonstration		
Firework	Business Block Party						
	r Liquor License	<u> </u>					
24-11001	Liquoi Lioono						
		Pet	ition Communic	ations (inc	elude date/time)		
		11 E. La	afayette from 10	):00am - 8	:00pm; with temporary street closure on		
Bellevue S	itreet.						
			• USCALUTE CONTRACTOR	water accord by	a fulfilled for an approval status **		
Date	** <u>ALL perm</u> Department	N/A	APPROVED	DENIED	e fulfilled for an approval status **  Additional Comments		
					DPD will Provide Special Attention;		
	DPD				Contracted with Nowell Security Agency to Provide Private Security Services		
					Pending Inspections		
	DFD/ EMS		<b>✓</b>				
		34			ROW Permit Required		
	DPW		<b>✓</b>				
	Health Dept.		<b>V</b>		Temporary Health License Required		

Date	Department	N/A	APPROVED	DENIED	Additional Comments		
	TED		<b>✓</b>		Type III Barricades & Road Closure Signage Required		
	Recreation	<b>V</b>			No Jurisdiction		
	Bldg & Safety		<b>✓</b>		Permits Required for Tents & Generator		
	Bus. License		<b>V</b>		Vendors License Required for Food Trucks		
	Mayor's Office		<b>V</b>		All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.		
	Municipal Parking	<b>V</b>			No Jurisdiction		
	DDOT		<b>V</b>		No Impact on Buses		
MAYOR'S OFFICE							

Signature: Bethance	Lusher
Olg. Matali	

Date: March 14, 2019

# City of Detroit

Janice M. Winfrey City Clerk OFFICE OF THE CITY CLERK

Caven West Deputy City Clerk/Chief of Staff

#### DEPARTMENTAL REFERENCE COMMUNICATION

Monday, March 18, 2019

To:

The Department or Commission Listed Below

From:

Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE POLICE DEPARTMENT

FIRE DEPARTMENT DPW - CITY ENGINEERING DIVISION

PLANNING AND DEVELOPMENT DEPARTMENT MUNICIPAL PARKING DEPARTMENT

BUSINESS LICENSE CENTER TRANSPORTATION DEPARTMENT

Utopia Gardens, Request to hold "Utopia Gardens Block Party" at Lafayette and Bellevue on April 20, 2019 from 10:00 AM to 8:00 PM with the partuial closure of Bellevue Street. Set up complete 4-19-19, tear down complete 4-20-19.

## City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least 60 days prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

	h	
Secti	on 1- GENERAL EVEN	LINFORMATION
Event Name: Utopia Gardens Block	Party	
Event Location: Lafayette & Bellevue		
Is this going to be an annual event? Wes	□ No	
Section 2- C	RGANIZATION/APPL	ICANT INFORMATION
Organization Name: Utopia Gardens		
Organization Mailing Address: 6541 E. La	fayette, Detroit MI 4820	7
Business Phone: 313-332-0544	Business Website: W	ww.utopiagardens.com
Applicant Name: Garrett Carter		
Business Phone: 313-332-0544	Cell Phone: 248-259-4671	Email: garrett@utopiagardens.com
	Cen ruone.	Email.
Event On-Site Contact Person:		
Name: Garrett Carter		
Business Phone: 313-332-0544	Cell Phone: 248-259-4671	Entail: garrett@utopiagardens.com
Event Elements (check all that apply)		
[ ] Walkathon	[ ] Carnival/Circus	[ ] Concert/Performance
[ ] Run/Marathon	Bike Race	[ ] Religious Ceremony
[ ] Political Event	] Festival	[ ] Filming
[ ] Parade	] Sports/Recreation	[ ] Rally/Demonstration
[ ] Convention/Conference	] Fireworks	Other: Business Block Party
Projected Number of Attendees: 300-5	00	
Please provide a brief description of yo	ur event:	
	*	
M/ 1		Bod birth I all a land

We are hoping to create an annual Utopia Gardens Block Party, bringing together businesses and

What are the projected set-up, event	and tear do	wn dates and times (	must be complete	d)?	
Begin Set-up Date 04/19/2019 Til	me:6:00pm	Complete Set-up Date	:04/19/2019	Time:10:00pm	<u> 1</u> 22
Event Start Date:4/20/2019 Ti	me:10:00am	Event End Date: 4/2(	)/2019	Time:8:00pm	West 100 100 100 100 100 100 100 100 100 10
Begin Tearing Down Date:04/20/2019	9	Complete Tear Down	Date:04/20/2019		
Event Times (If more than one day, give ti April 20th, 2019 from 10am - 8	mes for each da Bprn.	ay):			pt -
Sei	rtion 3- LO	CATION/SITE !	NFORMATIO	N	41.3
Location of Event: Utopia Gardens					
Facilities to be use(Check) Street		Sidewalk 🗸	Park	City	
Facility Please attach a copy of Port-a-John. Sanita	ation, and Emer	rgency Medical Agreem	ents as well as a site p	lan which illustrates the	
anticipated layout of your event including	the following:				
-Public entrance and exit -Location of merchandising booths		-Location of First Aid -Location of fire lane			
-Location of food booths		-Prop	osed route for walk/ru		
-Location of garbage receptacles -Location of beverage booths			tion of tents and cano th of street closure	pies	
-Location of sound stages		-Loca	tion of bleachers		
-Location of hand washing sinks -Location of portable restrooms			tion of press area sh of proposed light p	ole banners	
You will be prom	pted to u				his form
	Sect	ion 4- ENTERTA	ANMENT	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	10.0
Describe the entertainment for this year's	event:				
We will be booking multiple ar	tists to per	form throughout	the day.		
Will a sound system be used?	Yes 🗆 No	)			
If yes, what type of sound system? Crow	n Power Ba	ise 2			
Describe specific power needs for enterta	inment and/or i	music:			
We will be utilizing a generato	rowned by	/ Utopia Gardens	for entertainm	ent power.	
How many generators will be used? 1					
How will the generators be fueled?  A Utopia Gardens employee	will be fueli	ng the generator			ich minor e

Name of vendor providing generators:	
Contact Person: Generator owned by	Jtopia Gardens
Address: 6541 E. Lafayette	Phone:313-332-0544
City/State/ZipDetroit, MI 48207	
Chystalezapbetroic, vii 40207	\$-
T-YEVE TO BE STORED	Section 5- SALES INFORMATION
Will there be advanced ticket sales?  \( \square\) Ye	
If yes, please describe:	
Will there be on-site ticket sales?	es No
Will there be vending or sales?  If yes, check all that apply:	Yes No
[ ] Food [ ] Merchandise	Non-Alcoholic Beverages [ ] Alcoholic Beverages
Indicate type of items to be sold:	
We will be securing 1 or 2 food trubeverages.	ucks to provide attendees with complimentary food and non-alcoholic
beverages.	
	ON VOICE DE LE DE LE
	BLIC SAFETY & PARKING INFORMATION
Name of Private Security Company Nowell S	recurricy Agency
Contact Person: Lamar Nowell	
Address:19100 W 10 Mile Road, Suit	e 204 Phone313-598-4484
<u>City/State/Zip:</u> Southfield. MI 48075	
Number of Private Security Personnel Hired Pe	r Shift:
Are the private security personnel (check all the	t apply):
[ Licensed	[ ] Armed [ ] Bonded
How will you advise attendees of parking option. We will be utilizing the Utopia Gar parking area, if needed.	ons? dens parking lot. Security will also be directing attendees to an overflow

## Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

act the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

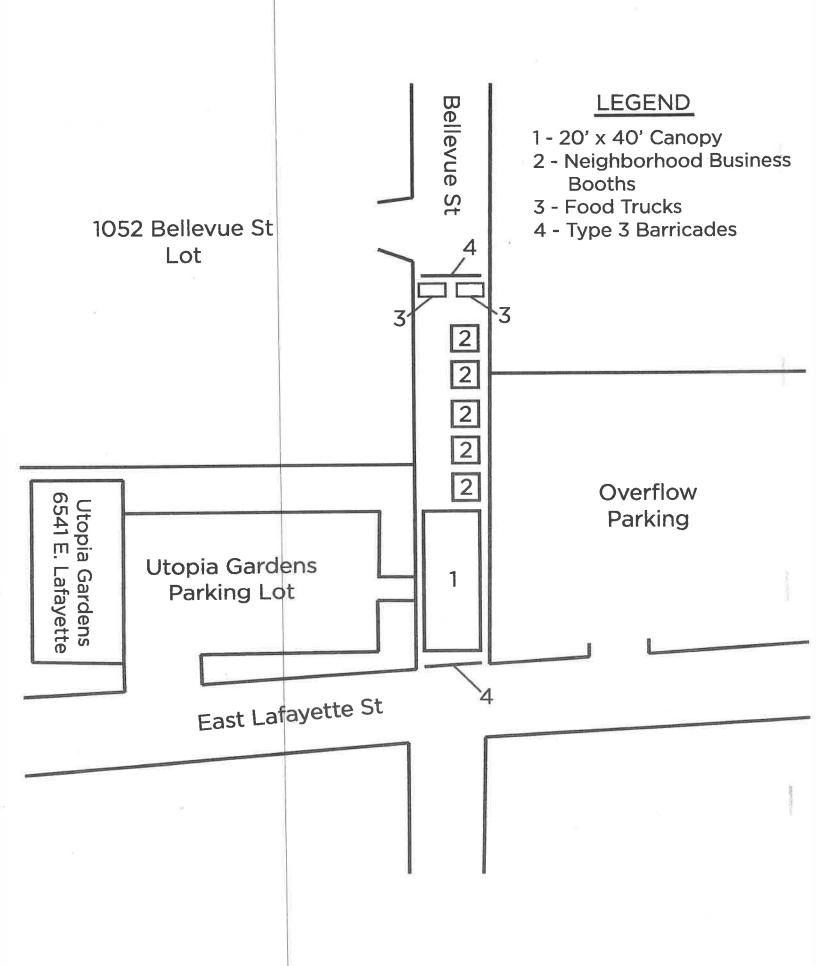
A portion of Bellevue	e will be clos	ed for the event da	y (April 20, 2019	9).	, .		
Have local neighborhood g					No		
Indicate what steps you have will be working we the event. We will also	ye or will take to ith the local so be going	notify them of your event; business associati around door-to-do	on to notify neigh or to notify neigh	hborhoo nborhoo	od groups/ od groups/l	businesses ousinesses	about
	1000	Section 8- EV	ENT SET-UP				
Complete the appropriate cate	gories that apply	to the event <b>Structure</b>		nceveers			
	How Ma	ny?	Size/Height				
Booth	0						
Tents (enclosed on 3 sides)	0						
Canopy (open on all sides)	1	2	0' x 40'				
Staging/Scaffolding	0						
Bleachers	0						
17. 11.44	Section	9- COMPLETE A	ALL THAT APPI	LY	5.7		
Emergency medical services?							
Contact Person: Not current	tly available.	Will source if requi	red.				
Address:							
City/State/Zip:	18						
Name of company providing p	ort-a-johns.No	t currently available	e. Will source if re	equired	<b>.</b>		-
Contact Person:							
Address:	. J		Phone:		VIIII DOUGAN		
City/State/Zip:							
Name of private catering com	pany?Not cur	rently available. Wi	Il source if require	ed.		KING HITMAN PARKET	
Contact Person:							
Address:			Phone:			2011/6/11/14	
City/State/Zip:							_

#### SPECIAL USE REQUESTS

10

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Barricades are not available from the City of Detroit.

STREET NAME: Bellevue St						
FROM: Lafayette	TO: 300 Feet Nor	TO: 300 Feet North from Lafayette				
	BEG TIME: 6:00am					
CLOSORE DITTED.		END TIME: 10100 F				
REOPEN DATE: 4/20/2019	TIME: 10:00 pm					
CALEGORIA LALENTANA		-				
FROM:	TO:					
CLOSURE DATES:	BEG TIME:	END TIME:				
REOPEN DATE:						
STREET NAME:						
FROM:	TO:					
CLOSURE DATES:	BEG TIME:	END TIME:				
REOPEN DATE:	TIME:					
STREET NAME:		_				
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CLOSURE DATES:						
REOPEN DATE:	TIME:					
STREET NAME:		-				
	770-					
FROM:						
CLOSURE DATES:	BEG TIME:	END TIME:				
REOPEN DATE:	L.					





# April 20, 2019 Businesses

### 1xRun/Murals in the Market

- Based in Detroit, Michigan, 1xRUN ("one-time run") is the world's leading publisher of fine art editions and online destination for original art
- Interested in vending artwork from Detroit artists

**Aptemal Clothing** 

- Our mission is to shine a spotlight on Detroit's emerging and established artist by bringing their products and visions to the marketplace through collaboration. We want to stay true to the culture by portraying an honest self-expression of the city, and those that relentlessly follow their passion of hustling to make a living.
- Interested in vending their clothing

#### DCFC Field House

- Detroit City Fieldhouse is Detroit's new 75,000 square foot indoor facility located at 3401 E Lafayette Street. Home to men's, women's, co-ed and youth soccer leagues, as well as indoor lacrosse, ultimate frisbee and more!
- Not interested in vending

McClary Brothers

- McClary Bros. is based in the Eastern Market district of Detroit and we handcraft delicious small batch Drinking Vinegars. We source out the majority of our fruits, vegetables and herbs from local farmers. These farmers grow in the metro Detroit area and regions throughout the Great Lakes.
- Interested in vending their drinking vinegars





## Sanitation Plan

\*Utopia Gardens will coordinate all sanitation\*

#### Pre-Event

- Utopia Gardens will acquire a total of two (2) trash receptacles & two (2) recycling receptacles. These will be placed on Bellevue Street, as designated on the layout with item 5.
- Utopia Gardens also has an enclosed dumpster with weekly pickups for trash

## **During Event**

- A Utopia Gardens Employee will do hourly pickups of the trash and recycling receptacles, to be placed within the enclosure of the dumpster, and replaced the receptacles with new bags.
- If needed, more regular pickups will be made throughout the event

#### Post-Event

- All bags will be given a visual inspection to ensure correct placement of trash/recycling.
- Once all trash and recycling is sorted, we'll place trash into dumpster and recycling will be driven to Recycle Here!
  - Recycle Here!
     1331 Holden Street, Detroit, MI 48202



6541 E. Lafayette Detroit, MI 48207 info@utopiagardens.com 313-332-0544

OP ID: AB

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/27/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

this certificate does not confer rights to	the	certi	ficate holder in lieu of suc	CONTACT	Angel Le	nathorno				
PRODUCER Corotkin Insurance Group O Box 431 Southfield, MI 48037-0431 Matthew Warsh			CONTACT Angel Longthorne NAME: PHONE (A/C, No. Ext): 248-352-5140  FAX (A/C, No.): 248-352-0305							
			PHONE (A/C, No, Ext): 248-352-5140 FAX (A/C, No): 248-352-0305  E-MAIL angell@getkig.com							
			ADDRESS	*		especial control of a read of			11.000002.0000	
						ING COVERAGE			NAIC#	
					surance Co	mpany				
NSURED Utopia Gardens LLC Material Asset Management LLC				INSURER	<sub>B:</sub> Conifer	Insurance	Company			4
				INSURER	C :					
Detroit, MI 48207	6541 East Lafayette Detroit, MI 48207				D:					
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				INSURER	F:					
COVERAGES CER	TIEIC	ATE	NUMBER:				REVISION NU	JMBER:		
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A X Products Liabilit			CTL-0002120-01	- 1	JZ/U3/ZU19	02/03/2020	PERSONAL & AD	e construe esper	s	1,000,000
									s	2,000,000
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AND EMPLOYERS' LIABILITY	14-5	1	CIWC001583		02/01/2019	02/01/2020	E.L. EACH ACCI	DENT	\$	100,00
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - E	A EMPLOYER	\$	100,00
If yes, describe under DESCRIPTION OF OPERATIONS below	1						E.L. DISEASE - F	OLICY LIMIT	\$	500,00
DESCRIPTION OF OPERATIONS below										
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHI City of Detroit is included as addition	nal i	nsu	red on the General Lial	lule, may be bility	attached If mo	re space is requi	red)			
when required by written contract,	writte	en aç	greement or permit							
	_			CANC	ELL ATION					
CERTIFICATE HOLDER			CITY OF	CANC	ELLATION					
City of Detroit 2 Woodward Avenue			CITTOF	THE	EXPIRATIO	N DATE TH	DESCRIBED PO IEREOF, NOTI CY PROVISION	CE WILL	BE C	ELLED BEFORE DELIVERED IN
Detroit, MI 48226			AUTHOR	RIZED REPRES	ENTATIVE					

ACORD 25 (2016/03)

CORD

© 1988-2015 ACORD CORPORATION. All rights reserved.

Subject: Quote

Date: Wednesday, February 27, 2019 at 12:52:01 PM Eastern Standard Time

From: lori

To: Garrett Carter

Our special event unit is \$125.00.

Price includes: delivery, pick up, toilet paper, and hand sanitizer.

Thank You, Lori Proctor Bob's Sanitation Service Inc/Scotty's Potties PO Box 530845, Livonia, MI, 48153 734-421-1400 Subject: 4-20-19

Date: Monday, March 4, 2019 at 1:59:41 PM Eastern Standard Time

From: Jordan Ellis
To: Garrett Carter

Garrett,

You have my permission to use the lots owned by eastside ventures located across the street from utopia gardens on believue and east lafayette detroit mi. For your company event scheduled for 4-20-19.

Regards, Jordan Ellis 313-580-0941

#### special events - Fwd: April 20th Block Party

From: Donnell Cravens <donnell@utopiagardens.com>

To: "specialevents@detroitmi.gov" < specialevents@detroitmi.gov>

**Date:** 2/27/2019 3:08 PM

Subject: Fwd: April 20th Block Party

Cc: Garrett Carter < garrett@utopiagardens.com>

Hello Bethanie, Forwarding correspondence with General Acid Proofing located at 1051 Bellevue allowing us to hold the block party in its current format.

Donnell E. Cravens

Utopia Gardens 6541 E Lafayette Detroit, Mi 48207

248-231-7280

#### Begin forwarded message:

From: <generalacidproof@cs.com>
Subject: Re: April 20th Block Party

Date: February 27, 2019 at 2:42:19 PM EST

To: donnell@utopiagardens.com

#### Donnell,

Good afternoon! We have no problems with you having a block party on April 20th, as long as we can access our gate. Have a great party. If you have any questions feel free to give me a call or an e-mail. Have a great day!

Thank You,

Shane Wiedyke General Acid Proofing, Inc. 1051 Bellevue Detroit, MI 48207 Phone (313) 571-1700 Fax (313) 571-1483

Email generalacidproof@cs.com

----Original Message-----

From: Donnell Cravens < donnell@utopiagardens.com > To: generalacidproof@cs.com < generalacidproof@cs.com >

Cc: Garrett Carter < garrett@utopiagardens.com>

Sent: Wed, Feb 27, 2019 2:29 pm



# **Nowell Security Agency**

19100 W Ten Mile Road, Suite 204 Southfield, MI 48075 (248) 996-9710

# QUOTE

Utopia Gardens 6541 E Lafayette Detroit, MI

Date	Time In	Time Out	Hrs Worked	Total Guards	Amount Paid	Total Amount
Saturday, April 20, 2019	10:00 AM	8:00 PM	10	3	\$ 15.00	\$ 450.00
TOTAL			10			\$ 450.00

THANK YOU FOR YOUR BUSINESS!

2019-03-18

745 Petition of Utopia Gardens, Request to hold "Utopia Gardens Block Party" at Lafayette and Bellevue on April 20, 2019 from 10:00 AM to 8:00 PM with the partuial closure of Bellevue Street. Set up complete 4-19-19, tear down complete 4-20-19.

# REFERRED TO THE FOLLOWING DEPARTMENT(S)

MAYOR'S OFFICE POLICE DEPARTMENT
FIRE DEPARTMENT DPW - CITY ENGINEERING
DIVISION
PLANNING AND DEVELOPMENT DEPARTMENT
MUNICIPAL PARKING DEPARTMENT
BUSINESS LICENSE CENTER TRANSPORTATION



#### OFFICE OF CONTRACTING AND PROCUREMENT

March 14, 2019

#### HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3031530

100% City Funding – To Provide Residential Demolition of 11.8.18 Group A (9 Properties in Districts 3). – Contractor: Blue Star, Inc. – Location: 21950 Hoover, Warren, MI 48089 – Contract Period: Upon City Council Approval through March 3, 2020 – Total Contract Amount: \$264,084.42. HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

BY	COUNCIL MEMBER	BENSON

**RESOLVED,** that Contract No. 3031530 referred to in the foregoing communication dated March 14, 2019, be hereby and is approved.



# OFFICE OF CONTRACTING AND PROCUREMENT

March 14, 2019

#### HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

6000851

100% Federal Funding – AMEND 1 – To Provide Wayne County Prosecutor Services, Issuing Arrest Warrants for Offenders through the DOJ/DPD Encourage to Arrest Program. – Contractor: Wayne County Prosecutor's Office – Location: 1441 St. Antoine, Detroit, MI 48226 – Contract Period: Upon City Council Approval through September 30, 2019 – Contract Decrease: \$167,000.00 – Total Contract Amount: \$73,328.00. POLICE (Amendment to Reduce Funding Amount and Extend Time between the Wayne County Prosecutors Office and the Detroit Police Department. Original Contract Date; February 1, 2017, through September 30, 2018.)

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

BY C	COUNCIL	MEMBER .	BENSON

**RESOLVED,** that Contract No. 6000851 referred to in the foregoing communication dated March 14, 2019, be hereby and is approved.

Date: March 8, 2019

HONORABLE CITY COUNCIL

RE: RECOMMENDATION FOR DEFERRAL

> ADDRESS: 2984 Rochester NAME: Twan Williams

Demolition Ordered: October 16, 2017

In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on March 1, 2019 revealed that the building is secured and appears to be sound and repairable. The owner has paid all taxes and is current. The proposed use of the property is owner's use and occupancy. This is the 1st deferral request for this property.

Therefore, we respectfully recommended that the demolition order be deferred for a period of six months subject to the following conditions:

- 1. A permit for rehabilitation work shall be applied for within ten (10) business days from the date of the City Council decision.
- 2. BSEED will schedule a Progress Inspection within forty-five (45) calendar days from the date of the rehabilitation permit to determine whether substantial progress has been made. Thereafter, the owner must submit to BSEED detailed inspection reports, with photos showing evidence of the work completed, every forty-five (45) calendar days, for the duration of the rehabilitation work, to demonstrate that substantial progress has been made during the approved time frame for rehabilitation.
- 3. The building shall have all imminently hazardous conditions immediately corrected, be maintained, and securely barricaded until rehabilitation is complete. Rehabilitation work is to be completed within six (6) months, at which time the owner will obtain one of the following from this department:
  - Certificate of Acceptance related to building permits
  - Certificate of Approval as a result of a Housing Inspection
  - Certificate of Compliance, required for all rental properties
- 4. The owner shall not occupy or allow occupancy of the structure without a certificate (as outlined above).
- 5. The yards shall be maintained clear of overgrown vegetation, weeds, junk and debris at all times.
- 6. Prior to seeking a permit extension, the owner must contact BSEED and request to extend the deferral period.

We recommend that utility disconnect actions cease to allow the progress of the rehabilitation.

At the end of the deferral period, the owner must contact this department to arrange an inspection to evidence that conditions of the deferral have been satisfied and that there has been substantial progress toward rehabilitation. If the building becomes open to trespass or if conditions of the deferral are not followed, the deferral may be rescinded by the City Council at any time and we may proceed with demolition without further notice. In addition, pursuant to the Property Maintenance Code we will issue a Blight Violation Notice.

Any request exceeding three (3) deferrals must be made by petition to City Council through the office of the City Clerk.

Respectfully submitted,

David Bell Director

DB:bkd

cc: Twan Williams, 24725 W. 12 Mile RD, Suite 302, Southfield, MI 48034

COLEMAN A. YOUNG MUNICIPAL CENTER 2 WOODWARD AVE., FOURTH FLOOR DETROIT, MICHIGAN 48226 (313) 224-0484 • TTY:711 WWW.DETROITML.GOV

Date: March 8, 2019

HONORABLE CITY COUNCIL

RE: RECOMMENDATION FOR DEFERRAL

ADDRESS: 2972 Rochester NAME: Twan Williams

Demolition Ordered: October 16, 2017

In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on March 1, 2019 revealed that the building is secured and appears to be sound and repairable. The owner has paid all taxes and is current. The proposed use of the property is owner's use and occupancy. This is the 1<sup>st</sup> deferral request for this property.

Therefore, we respectfully recommended that the demolition order be <u>deferred</u> for a period of six months subject to the following conditions:

- 1. A permit for rehabilitation work shall be applied for within ten (10) business days from the date of the City Council decision.
- 2. BSEED will schedule a Progress Inspection within <u>forty-five</u> (45) <u>calendar days</u> from the date of the rehabilitation permit to determine whether substantial progress has been made. Thereafter, the owner must submit to BSEED detailed inspection reports, with photos showing evidence of the work completed, every <u>forty-five</u> (45) <u>calendar days</u>, for the duration of the rehabilitation work, to demonstrate that substantial progress has been made during the approved time frame for rehabilitation.
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Respectfully submitted,

David Be Director

DB:bkd

cc: Twan Williams, 24725 W. 12 Mile RD, Suite 302, Southfield, MI 48034

COLEMAN A. YOUNG MUNICIPAL CENTER 2 WOODWARD AVE., FOURTH FLOOR DETROIT, MICHIGAN 48226 (313) 224-0484 • TTY:711 WWW.DETROITMI.GOV

Date: March 13, 2019

HONORABLE CITY COUNCIL

RE: RECOMMENDATION FOR DEFERRAL

ADDRESS: 14305 Prevost NAME: Montrez Auberry

Demolition Ordered: March 17, 2014

In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on February 15 & March 6, 2019 revealed that the building is secured and appears to be sound and repairable. The owner has paid all taxes and is current. The proposed use of the property is owner's use and occupancy. This is the 1<sup>st</sup> deferral request for this property.

Therefore, we respectfully recommended that the demolition order be <u>deferred</u> for a period of six months subject to the following conditions:

- 1. A permit for rehabilitation work shall be applied for within <u>ten</u> (10) <u>business days</u> from the date of the City Council decision.
- 2. BSEED will schedule a Progress Inspection within <u>forty-five</u> (45) <u>calendar days</u> from the date of the rehabilitation permit to determine whether substantial progress has been made. Thereafter, the owner must submit to BSEED detailed inspection reports, with photos showing evidence of the work completed, every <u>forty-five</u> (45) <u>calendar days</u>, for the duration of the rehabilitation work, to demonstrate that substantial progress has been made during the approved time frame for rehabilitation.
- 3. The building shall have all imminently hazardous conditions immediately corrected, be maintained, and securely barricaded until rehabilitation is complete. Rehabilitation work is to be completed within six (6) months, at which time the owner will obtain one of the following from this department:
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  - Certificate of Approval as a result of a Housing Inspection
  - Certificate of Compliance, required for <u>all</u> rental properties
- 4. The owner shall not occupy or allow occupancy of the structure without a certificate (as outlined above).
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We recommend that utility disconnect actions cease to allow the progress of the rehabilitation.

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Any request exceeding three (3) deferrals must be made by petition to City Council through the office of the City Clerk.

Respectfully submitted

David Bell Director

DB:bkd

cc: Montrez Auberry, 7329 Genoa, Detroit, MI 48213

Date: March 12, 2019

HONORABLE CITY COUNCIL

RE: RECOMMENDATION FOR DEFERRAL

ADDRESS: 13911 Bramell NAME: Leonardo DeBardelchen Demolition Ordered: July 28, 2014

In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on March 1, 2019 revealed that the building is secured and appears to be sound and repairable. The owner has paid all taxes and is current. The proposed use of the property is owner's use and occupancy. This is the 1<sup>st</sup> deferral request for this property.

Therefore, we respectfully recommended that the demolition order be <u>deferred</u> for a period of six months subject to the following conditions:

- A permit for rehabilitation work shall be applied for within ten (10) business days from the date of the City Council decision.
- 2. BSEED will schedule a Progress Inspection within <u>forty-five</u> (45) <u>calendar days</u> from the date of the rehabilitation permit to determine whether substantial progress has been made. Thereafter, the owner must submit to BSEED detailed inspection reports, with photos showing evidence of the work completed, every <u>forty-five</u> (45) <u>calendar days</u>, for the duration of the rehabilitation work, to demonstrate that substantial progress has been made during the approved time frame for rehabilitation.
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Any request exceeding three (3) deferrals must be made by petition to City Council through the office of the City Clerk.

Respectfolly submitted,

David Bell Director

DB:bkd

cc: Leonardo DeBarde; eben, 8749 Pembroke AVE, Detroit, MI 48221

COLEMAN A. YOUNG MUNICIPAL CENTER 2 WOODWARD AVE., FOURTH FLOOR DETROIT, MICHIGAN 48226 (313) 224-0484 • TTY:711 WWW.DETROITMI.GOV

Date: March 13, 2019

HONORABLE CITY COUNCIL

RE: RECOMMENDATION FOR DEFERRAL

ADDRESS: 9919 Hartwell NAME: Easy Housing LLC

Demolition Ordered: October 1, 2018

In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on February 20, 2019 revealed that the building is secured and appears to be sound and repairable. The owner has paid all taxes and is current. The proposed use of the property is owner's use and occupancy. This is the 2<sup>nd</sup> deferral request for this property.

Therefore, we respectfully recommended that the demolition order be <u>deferred</u> for a period of six months subject to the following conditions:

- A permit for rehabilitation work shall be applied for within ten (10) business days from the date of the City Council decision.
- 2. BSEED will schedule a Progress Inspection within <u>forty-five</u> (45) <u>calendar days</u> from the date of the rehabilitation permit to determine whether substantial progress has been made. Thereafter, the owner must submit to BSEED detailed inspection reports, with photos showing evidence of the work completed, every <u>forty-five</u> (45) <u>calendar days</u>, for the duration of the rehabilitation work, to demonstrate that substantial progress has been made during the approved time frame for rehabilitation.
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Any request exceeding three (3) deferrals must be made by petition to City Council through the office of the City Clerk.

Respectfully submitted

David Bell Director

DB:bkd

cc: Easy Housing LLC, 8 the Green, STE R, Dover, DE 19901



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Coleman A. Young Municipal Center 2 Woodward Avenue, Suite 1340 Detroit, Michigan 48226

Phone 313-224-4248 Fax 313-224-1787 www.detroitmi.gov/janeeayers

#### **MEMORANDUM**

TO:

James Craig, Police Chief

**Detroit Police Department** 

FROM:

Janee' Ayers, Chair

**Budget, Finance & Audit standing Committee** 

DATE:

March 15, 2019

RE:

Request for Information Regarding Scheduling and Overtime during

**Department Travel for Special Events** 

In order to properly track the City's budget, I am requesting the Police Department to please provide information regarding scheduling and overtime during department travel for special events, particularly the *Baker to Vegas* run:

- How does the Department handle scheduling, vacation and overtime during the event?
- Do the officers attending the event use vacation for it or is it a paid trip?
- How does the Department cover the shifts for officers in attendance? Is overtime used to cover their shifts?

Thank you in advance for your time and effort,

Janee' Ayers

**Detroit City Council** 

cc: Colleagues