HISTORIC DISTRICT COMMISSION PROJECT REVIEW REQUEST

CITY OF DETROIT PLANNING & DEVELOPMENT DEPARTMENT 2 WOODWARD AVENUE, ROOM 808, DETROIT, MI 48226

DATE:

PROPERTY INFORMAT	ION		
ADDRESS:		AKA:	
HISTORIC DISTRICT:			
APPLICANT IDENTIFIC	ATION		
Property Owner/ Homeowner	Contractor	Tenant or Business Occupant	Architect/ Engineer/ Consultant
IAME: COMPANY NAME:			
ADDRESS:	CITY:	STATE:	ZIP:
PHONE:	_ MOBILE:	EMAIL:	
PROJECT REVIEW REQUEST CHECKLIST			
Please attach the following documentation to your request:			
Photographs of ALL sides of existing building or site			
Detailed photographs of location of proposed work (photographs to show existing condition(s), design, color, and material)			

Description of existing conditions (including materials and design)

Description of project (including an explanation as to why replacement--rather than repair--of existing and/or construction of new is required)

Detailed scope of work (formatted as bulleted list)

Brochure/cut sheets for proposed replacement material(s) and/or product(s)



SUBMIT COMPLETED HDC@DETROITMI.GOV