THIS IS A 3-PAGE FORM - ALL INFORMATION IS REQUIRED FOR PROJECT REVIEW

HISTORIC DISTRICT COMMISSION PROJECT REVIEW REQUEST

Date: 7/27/20

City of Detroit - Planning & Development Department 2 Woodward Avenue, Suite 808 Detroit, Michigan 48226

PROPERTY INFORMATION	
ADDRESS: 421 E Ferry	AKA:
HISTORIC DISTRICT: East Ferry Ave	
SCOPE OF WORK: Windows/Doors Roof/Gutters/Check ALL that apply) New Construction Demolition	Porch/ Landscape/Fence/ Genera Rehab Addition Other:
APPLICANT IDENTIFICATION	
Property Owner/ Homeowner NAME: David Eifrid COMPAN	Tenant or Business Occupant Consultant NY NAME: Architect/Engineer/Consultant
ADDRESS: 421 E Ferry CITY: Wixe	
PHONE: ^{n/a} MOBILE: ⁷³⁴⁻²⁷⁷⁻³⁴⁷¹	
PROJECT REVIEW REQUEST CHECKLIST	
Please attach the following documentation to your reque	
*PLEASE KEEP FILE SIZE OF ENTIRE SUBMISSION UNDER Completed Building Permit Application (highligh	hted portions only) NOTE: Based on the scope of work,
ePLANS Permit Number (only applicable if you've for permits through ePLANS)	re already applied additional documentation may be required.
Photographs of ALL sides of existing building or sit	See www.detroitmi.gov/hdc for scope-specific requirements.
Detailed photographs of location of proposed wor (photographs to show existing condition(s), design, c	
Description of existing conditions (including mat	aterials and design)
Description of project (if replacing any existing m replacementrather than repairof existing and/or	
Detailed scope of work (formatted as bulleted list	st)
Brochure/cut sheets for proposed replacement material(s) and/or product(s), as applicable	

Upon receipt of this documentation, staff will review and inform you of the next steps toward obtaining your building permit from the Buildings, Safety Engineering and Environmental Department (BSEED) to perform the work.

SUBMIT COMPLETED REQUESTS TO HDC@DETROITMI.GOV