HISTORIC DISTRICT COMMISSION REVIEW & PERMIT PROCESS

SUBMIT COMPLETE APPLICATION TO HDC STAFF Application Staff placed on Substantial Corrected **Reviews** upcoming HDC Scope application meeting agenda* submitted Scope to HDC HDC **HDC** Applicant issues Denial appeals OR Reviews **Denies** with Appeal Procedure corrects Scope Proposal application Appeal filed Staff issues a **HDC** w/State Certificate of **Approves** Hist. Pres. **Appropriateness** Review Board **Proposal** (COA)

OBTAIN BUILDING PERMIT

FROM BUILDINGS, SAFETY ENGINEERING AND ENVIRONMENTAL DEPT. (BSEED)

* THE COMMISSION MEETS REGULARY AT LEAST ONCE PER MONTH, TYPICALLY ON THE SECOND WEDNESDAY OF THE MONTH. (SEE WEBSITE FOR MEETING SCHEDULE/AGENDAS)

FIND OUT MORE AT WWW.detroitmi.gov/hdc

HISTORIC DISTRICT COMMISSION PROJECT REVIEW REQUEST

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

2 WOODWARD AVEN	UE, ROOM 808,	DETROIT, MI 482	26	DAT	E:	
PROPERTY INFO	RMATION		4.7			
ADDRESS:			AKA:			
HISTORIC DISTRICT						
SCOPE OF WORK: (Check ALL that apply)	Windows/ Doors New Construction	Roof/Gutters/Chimney Demolition	Porch/ Deck Addition		cape/Fence/ Park	Gene Reha
APPLICANT IDE	NTIFICATION					
Property Owner/ Homeowner	Contra		Tenant or Business Occu	. •	Consult	
NAME:						
ADDRESS:						
PHONE:	MOBIL	LE:		EMAIL:		
completed Building Permit Application (highlighted portions only) ePLANS Permit Number (only applicable if you've already applied for permits through ePLANS) Photographs of ALL sides of existing building or site					NOTE: Based on the scope of work, additional documentation m be required. See www.detroitmi.gov/hdc scope-specific requirement	
		n of proposed wor dition(s), design, o		al)		
Description of e	xisting conditio	ns (including ma	erials and des	sign)		
Description of p replacementrat	roject (if replaci her than repair	ng any existing m of existing and/o	aterial(s), incl construction	ude an expla of new is re	anation as to quired)	why
Detailed scope of	of work (formatt	ed as bulleted list)			
Brochure/cut sh	eets for propos	ed replacement m	aterial(s) and	or product	(s), as applica	able
Upon receipt of this docume Buildings, Safety Engineerin	ng and Environmenta	al Department (BSEE)) to perform the	work.		
Submit comple	TED REQUES	sтs то HD	C@DE	ETRO	ITMI	.GO

P2 - BUILDING PERMIT APPLICATION

Date: 7-29-2020
PROPERTY INFORMATION
Address: 3711 Woodward Ave. Floor:Suite#:Stories:
AKA: Lot(s): Subdivision:
Parcel ID#(s):
Current Legal Use of Property: Proposed Use:
Are there any existing buildings or structures on this parcel?
PROJECT INFORMATION
Permit Type: New Alteration Addition Demolition Correct Violatio
Foundation Only Change of Use Temporary Use Other: SIGN
Revision to Original Permit #:(Original permit has been issued and is active.
Description of Work (Describe in detail proposed work and use of property, attach work list)
see attached
MBC use change No MBC use chang
Included Improvements (Check all applicable; these trade areas require separate permit applications)
HVAC/Mechanical Electrical Plumbing Fire Sprinkler System Fire Alar
Structure Type
New Building ☐ Existing Structure ☐ Tenant Space ☐ Garage/Accessory Building
Other: Size of Structure to be Demolished (LxWxH) cubic f
Construction involves changes to the floor plan?
(e.g. interior demolition or construction to new walls)
Use Group: Type of Construction (per current MI Bldg Code Table 601)
Estimated Cost of Construction \$\$
Structure Use
Residential-Number of Units: Office-Gross Floor Area Industrial-Gross Floor Area
Commercial-Gross Floor Area: Institutional-Gross Floor Area Other-Gross Floor Area
Proposed No. of Employees: List materials to be stored in the building:
PLOT PLAN SHALL BE submitted on separate sheets and shall show all easements and measurements (must be correct and in detail). SHOW ALL streets abutting lot, indicate front of lot, show all buildings,
existing and proposed distances to lot lines. (Building Permit Application Continues on Next Page)
For Building Department Use Only
Intake By: Date: Fees Due: DngBld? N
Permit Description:
Current Legal Land Use: Proposed Use:
Permit#: Date Permit Issued: Permit Cost: \$
Zoning District: Zoning Grant(s):
Lots Combined? Yes No (attach zoning clearance)
Revised Cost (revised permit applications only) Old \$ New \$
Structural: Date: Notes:
Zoning: Date: Notes:
Other: Date: Notes:

Page 1 of 2

IDENTIF	FICATION (All Fields Required)				
The second secon		er/Homeowner	1		6
	Inda Lutz, CFO . Comp				Or
Address:	3711 Woodward Ave. City:	Detroit	State: M\	Zip: 48201	
Phone:	313-576-5190 Mobil	e: 248-	417-7	998	
Driver's Lic	icense #: L 320522447 136 Email:	11ut 20	edso.	org	
Contracto	or Contractor is Permit Applicant				
Represent	tative Name: ART CONLEY Cor	npany Name:	ALLIET	SIGNS /NO.	
Address:	33650 GUFTOS City: C	UNTON TWY	State: WI	Zip: 48035	
Phone: Z	<u> 248-953-9919</u>	19 Email: A	ETE AU	HEDSIGNSING.	Com
City of De	etroit License #: 09/7-09/8				
TENIANIT	T OR BUSINESS OCCUPANT Ter	nant is Permit Ap	plicant		
	Phone:				
ivaine.	Thorie.				
ARCHITE	ECT/ENGINEER/CONSULTANT A	chitect/Engineer	/Consultant i	s Permit Applicant	
Name:	State Registration	#:	Expiration	Date:	
Address:	City:		State:	Zip:	
	Mobile:				
l.	HOMEOWNER AFFIDAVIT (Only required for res	idential permits ob	otained by hor	neowner.)	
inspections other perso	ents of the City of Detroit and take full responsible as related to the installation/work herein describe son, firm or corporation any portion of the work of	ed. I shall neithe covered by this	r hire nor su building per	b-contract to any mit.	
Print Name	(Homeowner)			Date:	
	and sworn to before me thisday of	A.D.		County, Michigan	
Signature:	: (Notary Public)	_ My Commissi	ion Expires:		
/			T SOLD OF STREET		
	PERMIT APPLICANT S				
restrictions certify that to make the all applicab inspection	ertify that the information on this application is s that may apply to this construction and am av t the proposed work is authorized by the owner application as the property owner(s) authorized by the control of the laws and ordinances of jurisdiction. I am awas are requested and conducted within 180 does inspection and that expired permits cann	vare of my resport of the record a red agent. Furth vare that a per lays of the date	onsibility the and I have b ner I agree t mit will exp	ereunder. I been authorized to conform to bire when no	
Print Name	e: Signature:			Date:	
	cense #: Exp				
	and sworn to before me thisday of				
S	Section 23a of the state construction code ac prohibits a person from conspiring to circun state relating to persons who are to perfo residential structure. Visitors of Sect	nvent the licen rm work on a r	sing require esidential l	ements of this ouilding or a	

 $This \ application \ can \ also \ be \ completed \ on line. \ Visit \ detroitmi. gov/bseed/elaps \ for \ more \ information.$

