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

HISTORIC DISTRICT COMMISSION PROJECT REVIEW REQUEST

2 Woodward Avenue, Suite 808 Detroit, Michigan 48226		Date:_11 / 11 / 20
PROPERTY INFORMATION		
ADDRESS: 2863 East Grand Blvd	AKA: The J	inction
HISTORIC DISTRICT: Jam Hardy		
SCOPE OF WORK: Windows/ (Check ALL that apply) Windows/ Doors Roof/Gutters/ Chimney	Porch/ Deck	Landscape/Fence/ Tree/Park General Rehab
New Construction Demolition	Addition A	Other: Paint (Fxt)
APPLICANT IDENTIFICATION		
Property Owner/ Contractor MAME: Method MJ LLC COMPANADDRESS: 1510 Surria Ct. CITY: B13	Tenant or Business Occupant IY NAME: Metho	Architect/Engineer/ Consultant Development ZIP: 48304
PHONE:MOBILE (248)421-		: racky omethodevelop.co
PROJECT REVIEW REQUEST CHECKLIST		
Please attach the following documentation to your reque* *PLEASE KEEP FILE SIZE OF ENTIRE SUBMISSION UNDE		,
Completed Building Permit Application (highlighted) ePLANS Permit Number (only applicable if you've		Based on the scope of work, additional documentation may be required.
for permits through ePLANS)	_	See www.detroitmi.gov/hdc for
Photographs of ALL sides of existing building or si		scope-specific requirements.
Detailed photographs of location of proposed wor (photographs to show existing condition(s), design, or		
Description of existing conditions (including mat	terials and design)	
Description of project (if replacing any existing m replacementrather than repairof existing and/or		
Detailed scope of work (formatted as bulleted list	·)	
Brochure/cut sheets for proposed replacement m	naterial(s) and/or pr	oduct(s), as applicable
Upon receipt of this documentation, staff will review and inform you of Buildings, Safety Engineering and Environmental Department (BSEED	f the next steps toward o) to perform the work.	btaining your building permit from the

SUBMIT COMPLETED REQUESTS TO HDC@DETROITMI.GOV

P2 - BUILDING PERMIT APPLICATION

Date: 11/11/2010)
PROPERTY INFORMATION	
Address: 2863 East Grand Bluck Floor: Suite#: Stories:	
AKA: The Junction Lot(s): Subdivision:	
Parcel ID#(s): <u>6300 1769</u> Total Acres: Lot Width: Lot Depth:	
Current Legal Use of Property: Proposed Use:	
Are there any existing buildings or structures on this parcel? Yes No	
PROJECT INFORMATION	
Permit Type: New Alteration Addition Demolition Correct Violations	
Foundation Only 'Change of Use Temporary Use Other:	
Revision to Original Permit #:(Original permit has been issued and is active)	
Proposing to paint building after failed attempts to restore to original condition.	rid
MBC use change No MBC use change	
Included Improvements (Check all applicable; these trade areas require separate permit applications)	
HVAC/Mechanical Electrical Plumbing Fire Sprinkler System Fire Alarm	
Structure Type	
New Building Existing Structure Tenant Space Garage/Accessory Building	
Other: Size of Structure to be Demolished (LxWxH) cubic ft.	
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 \$\$ By Contractor By Department	
Structure Use By Contractor By Department	
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?	
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:	

P2 - BUILDING PERMIT

Property Owner/Homeowner Name: Rocky Like Company Name: Method MT Address: 1510 Str. A City: Bloomie M State: MI Zip: 483 Phone: 248 421 - 5909 Mobile: 249 421 - 5809 Driver's License #: Live 730 623 126 Email: Contractor Contractor is Permit Applicant Representative Name: Mobile: 1575 1664 Email: City of Detroit License #: TENANT OR BUSINESS OCCUPANT Name: Phone: Email: ARCHITECT/ENGINEER/CONSULTANT Architect/Engineer/Consultant is Permit Applicant Name: Phone: Email: Expiration Date: Address: 917 Sprim Good St. City: Philodochus State: A Zip: 1912 Phone: Mobile: 193 217, 9941 Email: Toller of Oomit HOMEOWNER AFFIDAVIT (Only required for residential permits obtained by homeowner) I hereby certify that I am the legal owner and occupant of the subject property and the work description related to the installation/work herein described. I shall neither hire or sub-contract to other person, firm or corporation any portion of the work covered by this building permit. Print Name: Signature: Date: My Commission Expires:	cant
Phone: 249 421 - 5909 Mobile: 243 421 - 5809 Driver's License #: 140 730 603 126 Email: Contractor Contractor is Permit Applicant Representative Name: 2	cant
Phone: 240 421 - 5909 Mobile: 213 421 - 5809 Driver's License #: 140 730 603 126 Email: Contractor Contractor is Permit Applicant Representative Name: 2	cant
Contractor Contractor is Permit Applicant Representative Name:	cant
Contractor Contractor is Permit Applicant Representative Name: Mobile State Registration Email: TENANT OR BUSINESS OCCUPANT Tenant is Permit Applicant Name: Phone: Email: ARCHITECT/ENGINEER/CONSULTANT Architect/Engineer/Consultant is Permit Applicant Name: Phone: Email: Expiration Date: Address: 917 Spring State Registration#: Expiration Date: Address: 917 Spring State Registration#: Expiration Date: Phone: Mobile: State Registration#: Expiration Date: Phone: Mobile: State Registration#: State: Phone: Phone: Mobile: State Registration#: Expiration Date: Phone: State Registration#: Expiration Date: Phone: State Registration#: Expiration Date: Phone: P	cant
Representative Name: State: Representative Name: Mobile(SIA) 577-864	cant
Address: SIN North State: Tip: 482 Phone:	cant
TENANT OR BUSINESS OCCUPANT Tenant is Permit Applicant Name:Phone:Email: ARCHITECT/ENGINEER/CONSULTANT	cant
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Name:	cant
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Signature: My Commission Expires:	
Signature: My Commission Expires:	nigan
(Notary Public)	
PERMIT APPLICANT SIGNATURE	
I hereby certify that the information on this application is true and correct. I have reviewed all determinations that may apply to this construction and am aware of my responsibility thereunder. I certify that the proposed work is authorized by the owner of the record and I have been authorized make this application as the property owner(s) authorized agent. Further I agree to conform that applicable laws and ordinances of jurisdiction. I am aware that a permit will expire when make the requested and conducted within 180 days of the date of issuance or the date previous inspection and that expired permits cannot be	zed o
Print Name: Roky L19 Signature: Date: 17/	n 1000
	1705
Priver's License #: <u>L</u> 400 730 603 126 Expiration: <u>2/17-22</u>	14 5050
ubscribed and sworn to before me thisday of20A.DCounty, Mid	<u> </u>
ignature: My Commission Expires:	**********
(Notary Public)	
Section 23a of the state construction code act of 1972, 1972PA230, MCL 125.15 prohibits a person from conspiring to circumvent the licensing requirements of	-

state relating to persons who are to perform work on a residential building or a residential structure. Visitors of Section 23a are subject to civil fines.

This application can also be completed online. Visit detroitmi.gov/bseed/elaps for more information.

