THIS IS A 3-PAGE FORM - ALL INFORMATION IS REQUIRED FOR PROJECT REVIEW HISTORIC DISTRICT COMMISSION PROJECT REVIEW REQUEST

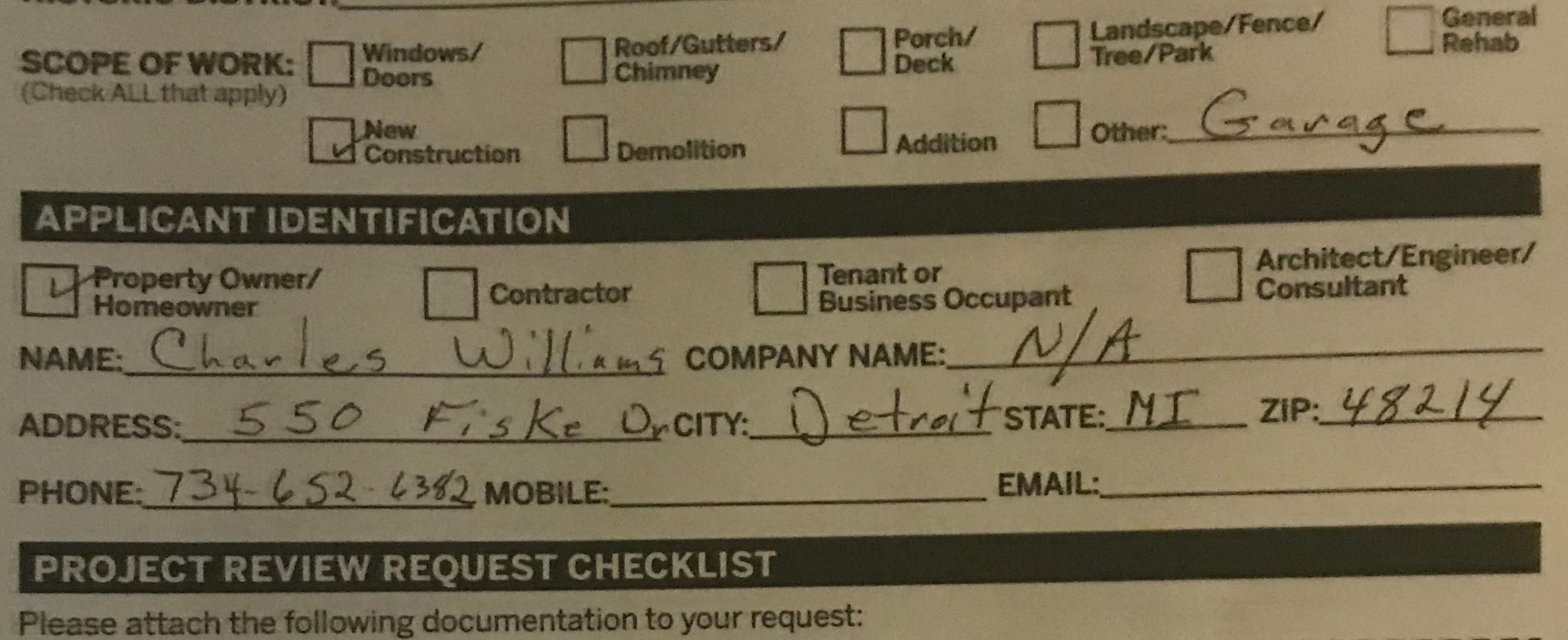
AKA:

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

PROPERTY INFORMATION

ADDRESS: 556715Ke Dr

HISTORIC DISTRICT:



PLEASE KEEP FILE SIZE OF ENTIRE SUBMISSION UNDER 30MB

INOTE: Based on the scope of work, additional documentation may I be required.

Date: 1-6-21

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

1 Detailed photographs of location of proposed work (photographs to show existing condition(s), design, color, & material)

Description of existing conditions (including materials and design)

Description of project (if replacing any existing material(s), include 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)

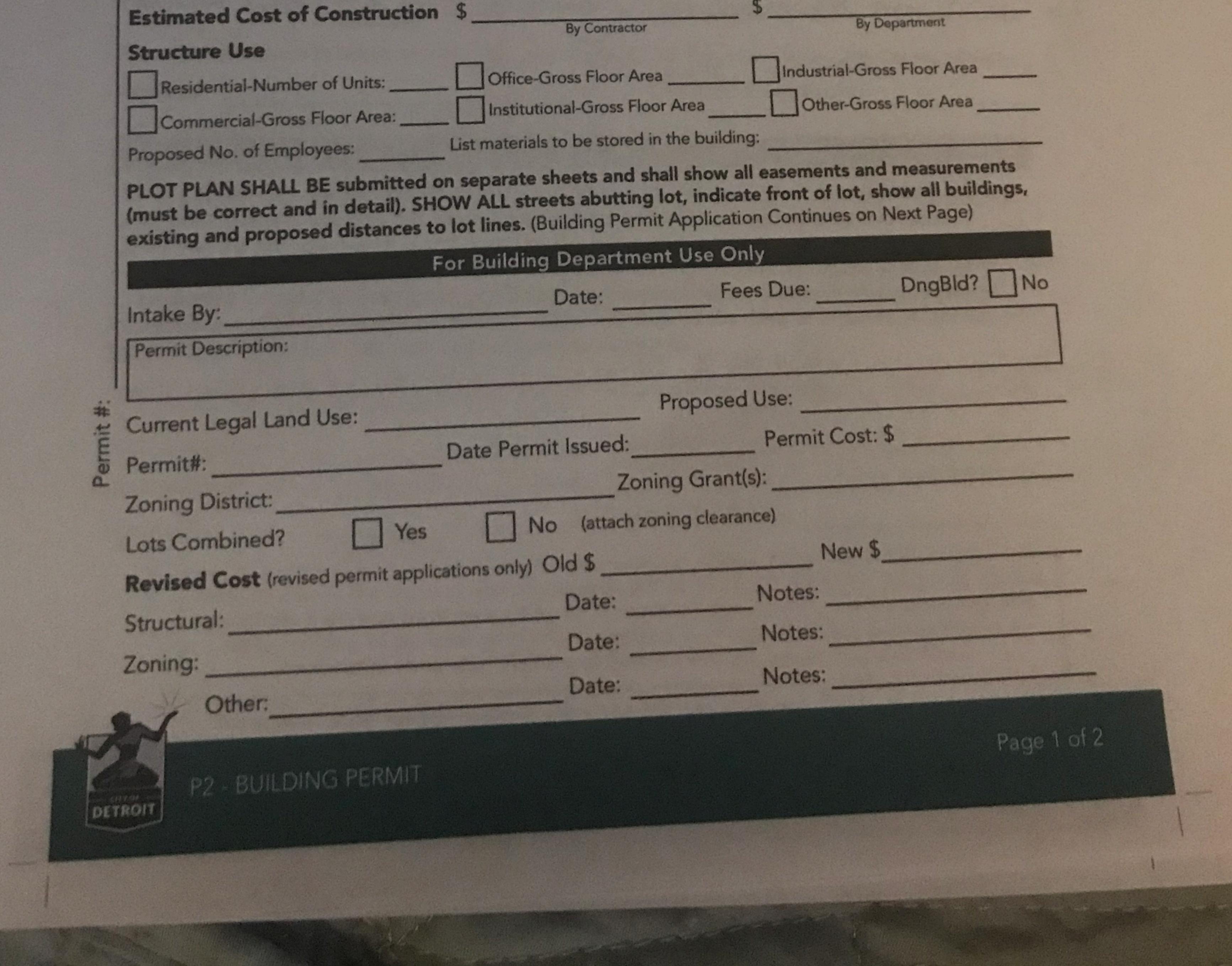
Brochure/cut sheets for proposed replacement material(s) and/or product(s), as applicable Upon receipt of this documentation, staff will review and inform you of the next steps toward obtaining your building permit from the

See www.detroitmi.gov/hdc for I scope-specific requirements.

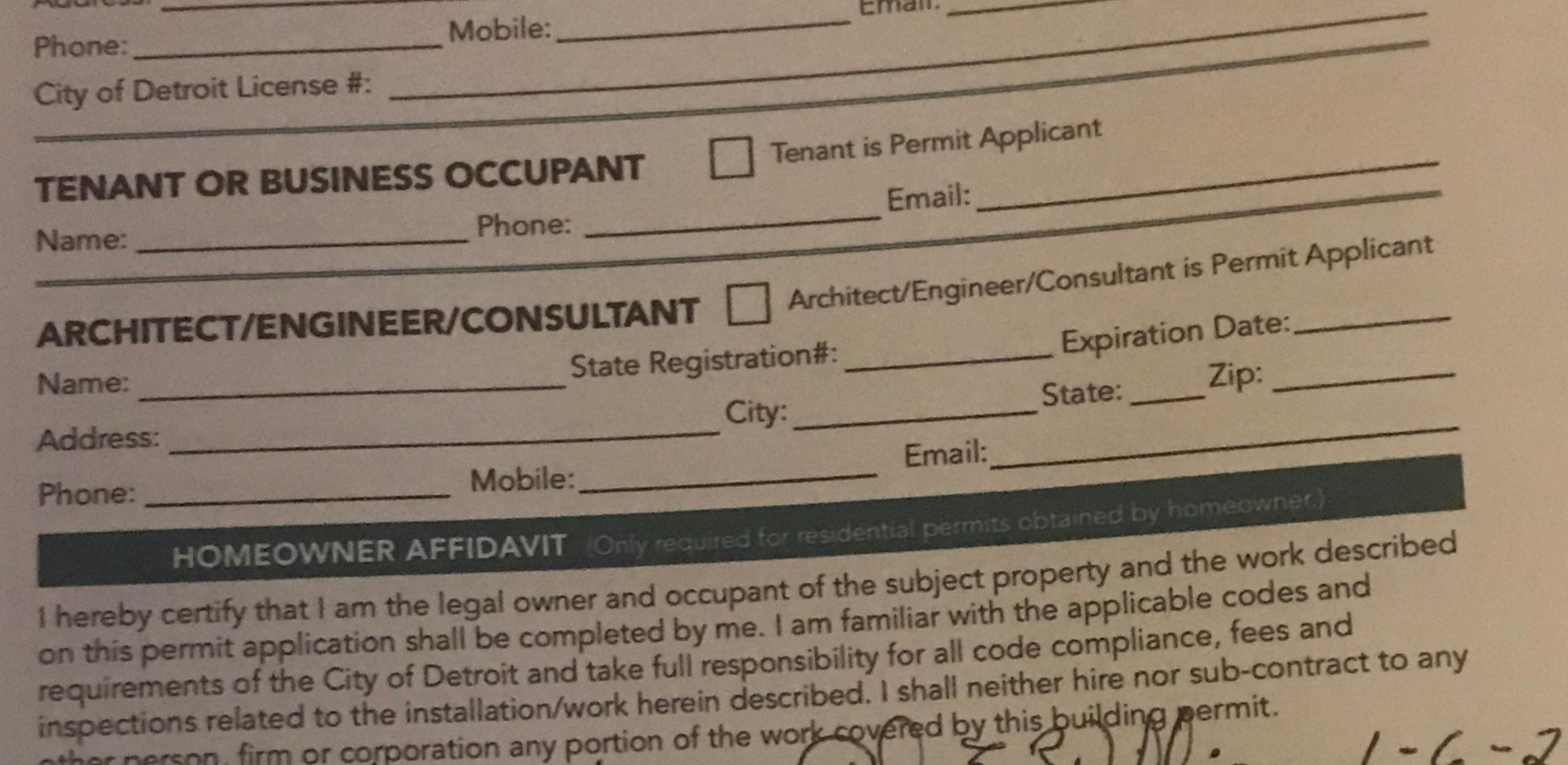
Buildings, Safety Engineering and Environmental Department (BSEED) to perform the work. SUBMIT COMPLETED REQUESTS TO HDC@DETROITMI.GOV

P2 - BUILDING PERMIT APPLICATION

Date: 1-6-21 PROPERTY INFORMATION Address: 550 7.5 Ke Or Floor Suiter: Stories: AKA: Lot(s): Subdivision: Parcel ID#(s):_____ Total Acres:____ Lot Width: ____ Lot Depth: _____ Current Legal Use of Property: Residence Proposed Use: Residence Are there any existing buildings or structures on this parcel? 1 | 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) Description of Work (Describe in detail proposed work and use of property, attach work list) Have Concrete Foundation poured und Garage built. 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? Yes No (e.g. interior demolition or construction to new walls) Use Group: Type of Construction (per current MI Bldg Code Table 601)



Property Owner/Homeowner is Permit Applicant IDENTIFICATION (All Fields Required) Name: Charles Williams Company Name: NAT Address: <u>550 Fiske Or</u> City: Det State: MIZip: 48214 Email: <u>RevW. 11. ams 72@gmail. Com</u> Phone: 734 652 6382 Driver's License #: Contractor is Permit Applicant Contractor Company Name: Zip: ___ State: Representative Name: City: Address: Email:



other person, firm or corporation any portion of the work covered by this building permit. Print Name: <u>Charles Willion</u> Signature: <u>Signature</u> Date: <u>1-6-21</u> (Homeowner) Subscribed and sworn to before me this 6 day of Jan 20 21 A.D. WAYNE County, Michigan My Commission Expires: Signature: (Notary Public) PERMIT APPLICANT SIGNATURE I hereby certify that the information on this application is true and correct. I have reviewed all deed restrictions 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 to make this application as the property owner(s) authorized agent. Further I agree to conform to all applicable laws and ordinances of jurisdiction. I am aware that a permit will expire when no inspections are requested and conducted within 180 days of the date of issuance or the date of the previous inspection and that expired permits cannot be Print Name: Challes Williams Signature 230.00. (Permit Applicant) _ Date: 1-6-21 Expiration: Driver's License #: County, Michigan

