

HISTORIC DISTRICT COMMISSION PROJECT REVIEW REQUEST

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

DATE: _____

PROPERTY INFORMATION

ADDRESS: 2220 WABASH AKA: _____

HISTORIC DISTRICT: _____

SCOPE OF WORK: (Check ALL that apply)

<input type="checkbox"/> Windows/ Doors	<input type="checkbox"/> Roof/Gutters/ Chimney	<input type="checkbox"/> Porch/ Deck	<input type="checkbox"/> Landscape/Fence/ Tree/Park	<input type="checkbox"/> General Rehab
<input type="checkbox"/> New Construction	<input type="checkbox"/> Demolition	<input type="checkbox"/> Addition	<input type="checkbox"/> Other: <u>SIDING</u>	

APPLICANT IDENTIFICATION

Property Owner/ Homeowner Contractor Tenant or Business Occupant Architect/Engineer/ Consultant

NAME: MARY E GALVAN COMPANY NAME: _____

ADDRESS: 2220 WABASH CITY: MICH STATE: MICH ZIP: 48216

PHONE: 3136381883 MOBILE: 3136176074 EMAIL: GALVAN.MARY@SBCGLOBAL.NET

PROJECT REVIEW REQUEST CHECKLIST

Please attach the following documentation to your request:

PLEASE KEEP FILE SIZE OF ENTIRE SUBMISSION UNDER 30MB

NOTE:
Based on the scope of work, additional documentation may be required.
See www.detroitmi.gov/hdc for scope-specific requirements.

- 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
- 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 Buildings, Safety Engineering and Environmental Department (BSEED) to perform the work.

SUBMIT COMPLETED REQUESTS TO HDC@DETROITMI.GOV

P2 - BUILDING PERMIT APPLICATION

Date: _____

PROPERTY INFORMATION

Address: 2220 WABASH Floor: _____ Suite#: _____ Stories: 2

AKA: _____ Lot(s): _____ Subdivision: _____

Parcel ID#(s): _____ 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: SIDING

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)

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) _____

Estimated Cost of Construction \$ _____ By Contractor \$ _____ By Department

Structure Use

Residential-Number of Units: 1 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? No

Permit Description: _____

Permit #: _____ 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: _____



IDENTIFICATION (All Fields Required)

Property Owner/Homeowner Property Owner/Homeowner is Permit Applicant

Name: MARJE GALVAN Company Name: _____

Address: 2220 WABASH City: DET State: MI Zip: 48216

Phone: 313 617 6074 Mobile: _____

Driver's License #: 6415587210549 Email: GALVAN.MARY@SBCGLOBAL.NET

Contractor Contractor is Permit Applicant

Representative Name: ESTEBAN CAMPOS Company Name: _____

Address: 14178 PENNSYLVANIA City: SOUTHGATE State: MI Zip: 48195

Phone: 313-888 1453 Mobile: _____ Email: _____

City of Detroit License #: N/A

TENANT OR BUSINESS OCCUPANT Tenant is Permit Applicant

Name: _____ Phone: _____ Email: _____

ARCHITECT/ENGINEER/CONSULTANT Architect/Engineer/Consultant is Permit Applicant

Name: _____ State Registration#: _____ Expiration Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Mobile: _____ Email: _____

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 described on this permit application shall be completed by me. I am familiar with the applicable codes and requirements of the City of Detroit and take full responsibility for all code compliance, fees and inspections related to the installation/work herein described. I shall neither hire nor sub-contract to any other person, firm or corporation any portion of the work covered by this building permit.

Print Name: MARJE GALVAN Signature: Mary Galvan Date: _____
(Homeowner)

Subscribed and sworn to before me this _____ day of _____ 20 _____ A.D. _____ County, Michigan

Signature: Mary Galvan My Commission Expires: _____
(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: MARJE GALVAN Signature: Mary Galvan Date: _____
(Permit Applicant)

Driver's License #: 6415587210549 Expiration: 7-11-22

Subscribed and sworn to before me this _____ day of _____ 20 _____ A.D. _____ County, Michigan

Signature: Mary Galvan My Commission Expires: _____
(Notary Public)

Section 23a of the state construction code act of 1972, 1972PA230, MCL 125.1523A, prohibits a person from conspiring to circumvent the licensing requirements of this 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.

