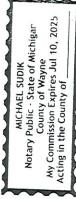
P2 - BUILDING PERMIT APPLICATION

		Da	ete:
PROPERTY INFORMATION			
Address: 2016 Edison	Floor:	Suite#:	Stories:
AKA:			
Parcel ID#(s): Total A	Acres: Lot	Width:	Lot Depth:
Current Legal Use of Property:	Propose	ed Use:	
Are there any existing buildings or structures on] No
PROJECT INFORMATION /			
Permit Type: New Alteration	Addition D	emolition	Correct Violations
Foundation Only Change of Use		-	
Revision to Original Permit #:			
Description of Work (Describe in detail proposed			
remove and replace	• • • •		
_ Size			
	MBC use ch	nange 🔲 No	MBC use change
Included Improvements (Check all applicable; the	ese trade areas require s	separate permit ap	pplications)
HVAC/Mechanical Electrical P	lumbing Fire S	Sprinkler Syster	n Fire Alarm
Structure Type /			_
New Building Existing Structure	Tenant Space	Garage/Acc	essory Building
Other: Size of Structure to I			
Construction involves changes to the floor plan?			
(e.g. interior demolition or construction to new walls)	_		
Use Group: Type of Construction	on (per current MI Bldg	Code Table 601)	
Estimated Cost of Construction \$ 2	3,628	\$	Department
Structure Use		-,	•
Residential-Number of Units: Office-Gro			
Commercial-Gross Floor Area: Institutiona			ss Floor Area
Proposed No. of Employees: List materials to		`	
PLOT PLAN SHALL BE submitted on separate she (must be correct and in detail). SHOW ALL streets	ets and shall show al	l easements and	measurements
existing and proposed distances to lot lines. (Build	ling Permit Application	on Continues on	now all buildings, Next Page)
For Building De	epartment Use On	y	SM 205/03/03/08
Intake By: Da	te: Fee	s Due:	DngBld? ☐ No
Permit Description:			
Current Legal Land Use: Permit#: Date Permit Iss	Proposed U	Jse:	
Permit#: Date Permit Is:	sued:	Permit Cost: \$	
	Zoning Grant(s):		
	attach zoning clearance		
Revised Cost (revised permit applications only) Old	\$	New\$	
	te:N		
	ate: N		
Other:Da	ate: N	otes:	

IDENTIFICATION (All Fields Required)
Property Owner/Homeowner Property Owner/Homeowner is Permit Applicant
Name: David Morrison Company Name: Majic Window
Address: 2016 Edison City: Netro: + State: MI Zip: 48206
Phone: 58G-337-6054 Mobile:
Driver's License #: Email:
Contractor Sermit Applicant
Representative Name: Bast Rue Company Name: Majic Window
Address: 30580 Beck Ri City: WIXom State: HI Zip: 48393
Phone: 248-668-9090 Mobile: NA Email: Permits a majicuindou con
City of Detroit License #: LIC ZOOI - OZUSZ
TENANT OR BUSINESS OCCUPANT Tenant is Permit Applicant
Name: Phone: Email:
ADCUITECT/ENGINEED/CONGULTANIT Architect/Engineer/Conscience Conscience And I
ARCHITECT/ENGINEER/CONSULTANT Architect/Engineer/Consultant is Permit Applicant
Name: State Registration#: Expiration Date: Address: State: Zip:
Phone: Mobile: Email: 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: Signature: Date:
Subscribed and sworn to before me thisday of20A.DCounty, Michigan
Signature: 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: But Rule Signature: But Date: 2-22-21

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.



Windows to be installed at 2016 Edison

- 1. Bathroom 1 Single Hung 23 3/4x 33 ½ (lower obscured with 4 grids)
- 2. Bedroom 2 Single Hung 29 ¾ x 57 ½ (With 6 grids)
- 3. Bedroom 2 Single Hung 29 ¾ x 57 ½ (With 6 grids)
- 4. Bathroom 1 Single Hung 35 ¾ x 33 ¼ (lower obscured with 6 grids)
- 5. Bedroom 3 Single Hung 29 3/4x 57 ½ (With 6 grids)
- 6. Bedroom 3 Single Hung 29 3/4x 57 ½ (With 6 grids)
- 7. Master Bathroom Single Hung 29 3/4x 57 ½ (With 8 grids)
- 8. Bathroom 2 Single Hung 29 3/4x 37 ½ (lower obscured with 8 grids)
- 9. Bedroom 4 Single Hung 23 ¾ x 33 ½ (With 6 grids)
- 10. Bedroom 4 Single Hung 29 ¾ x 57 ½(With 6 grids)
- 11. Bedroom 4 Single Hung 29 3/4x 57 ½ (With 6 grids)
- 12. Bedroom 4 Single Hung 29 3/4x 57 ½ (lower obscured with 4 grids)
- 13. Bathroom 3 Single Hung 35 3/4x 33 ½ (With 6 grids)
- 14. Bathroom 3 Single Hung 29 3/4x 37 ½ (lower obscured with 6 grids)
- 15. Kitchen Single Hung 41 3/4x 49 1/8 (With 6 grids)
- 16. Kitchen Single Hung 58 5/8x 46 ½ (With 6 grids)
- 17. Kitchen Single Hung 58 5/8x 46 ½ (With 6 grids)
- 18. Bedroom 1 Single Hung 29 3/4x 57 ½ (With 6 grids)
- 19. Bedroom 1 Single Hung 29 3/4x 57 ½ (With 6 grids)

All windows to be white interior and almond exterior. All windows that originally have grids will be replaced with windows that are same size and same grid style. All windows will be replaced size for size. All windows will be trimmed in Grecian Green #26 by Sherwin Williams.



ENCYTO OFFICE (248) 668-9090 30580 BECK RD • WIXOM, MI 48393

WINDOW CONTRACT AND AGREEMENT

corporation, ("Majic") to according to the terms on	premises described below furnish the materials, labor the second page of this Con	r, and workmanship stract and the follow	ract with and a b, and to install ving specification	l, construct, and	d place the home	ny, a Michigan improvements,						
Buyer(s) Name DAV	D MORRISC	3 N	Date 1 2	2/2/2020	_Twp	2000						
Street 2016 Ed;	son 71		City_ <u>k</u>	7	zip_48	200						
Cross Streets KOSA-P	Ark Chicicog	10										
Telephone # S&G 33	7 60.54 Telephone	:#	Ema		0.0							
Salesperson Name EH	AN CADOISKi		Salesperson	Phone # 259	945 493	36						
Majic to furnish and install:												
Location /												
BA:1.				18 4	1	1						
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BRC	 		-	1 6	 	3						
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RP3				1 6	 / 	1 6						
MBA				8		7						
BAZ	I X			1 8		8						
BR7	 			1 2	+	9						
12 64				6		10						
BP4				1 4	 	12						
BA3				6		13						
BA3				6		14						
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Window Color: White = W Alm	nond = A Brownstone = BS Comm. Brown	=CB Slate = S Trim	Color: White =	W Desert Tan = DT	Nor Wood = NW Bron	ze = B Tuxedo Gray = TG						
Sales Notes: in St	411 (19) FiB	eralass w	indeed	12/1/2	des to is	30 snatting						
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oll Windle	STANDA	ACO LA	Bajz (SCARA								
All Disca	X & KeBAN	3 well	ele									
In considerat	tion of the said work and se	rvices to be provide	by Majic, B	uyer agrees to p								
THE TOTAL SUM OF: *Deposit:	7000 (X	Joash / CC Due	Unon Measur	· · · · · · · · ·	(s.23,	CK/Cash/CC						
	.,			1000	20)	CIC/ Casii/ CC						
Due Upon Installation: _	Price given is the cas	/ Cash / CC To I				-						
Price includ	des all discounts, taxes, and					et.						
	Circle Method of	A Company	254	9 579		thase						
	FINAL PAYN UPON COM	MENT DUE	Cash/Check Other_									
FIFTY YEAR TRAI	NSFERABLE GUARANT	EE AGAINST AN	Y MANUFAC	TURER DEFI	ECTS IN THE W	/INDOWS						
DISCLOSURE: If you live	e in Ohio, pursuant to Ohio	Administrative C	ode 109:4-3-0	5, you, Buyer,	have the right to	an estimate if the						
expected costs will be mor (subject to the three-day c	e than twenty-five dollars. ancellation period), and by	The amounts inclu signing this docu	ided above co ment you hav	nstitute a writte e chosen to rec	en estimate and a	binding Contract ate in writing and						
enter into this binding Cor						nate:						
You, the buyer, may can	DDITIONAL WORK V	any time prior to	midnight of	the third bus	iness day after	the date of this						
transaction. See the not prohibited from having	an independent courie	er service or other	er third par	ty pick up yo	ignt. Additions ur payment at	illy, the seller is your residence						
before the end of the 3-	business-day period in v	vhich you can ca	ncel the tran	saction.		//						
Buyer:	3	_ Buyer:			Date: _/	2/2/20						
Salesperson:	MA			Additiona	al Terms & Cond	ditions On Back.						

OFFICE (248) 668-9090 30580 BECK RD • WIXOM, MI 48393

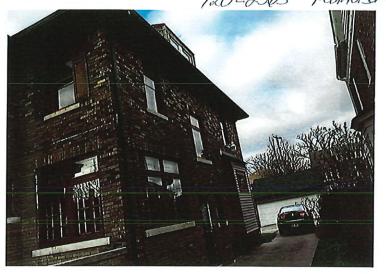
WINDOW CONTRACT AND AGREEMENT

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according to the terms of Buyer(s) Name DA	on the sec	ond page	of this	Contrac	t and	the fo	llowing	spec	cificat	ions	-/-	200	·) ~					
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*Deposit:				CK / Ca											C	K/C	ash /	cc
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Price incl						77		200						his Co	ontract.			
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Job Address 20	16 Edison	157	City De	[-1	7in 48206
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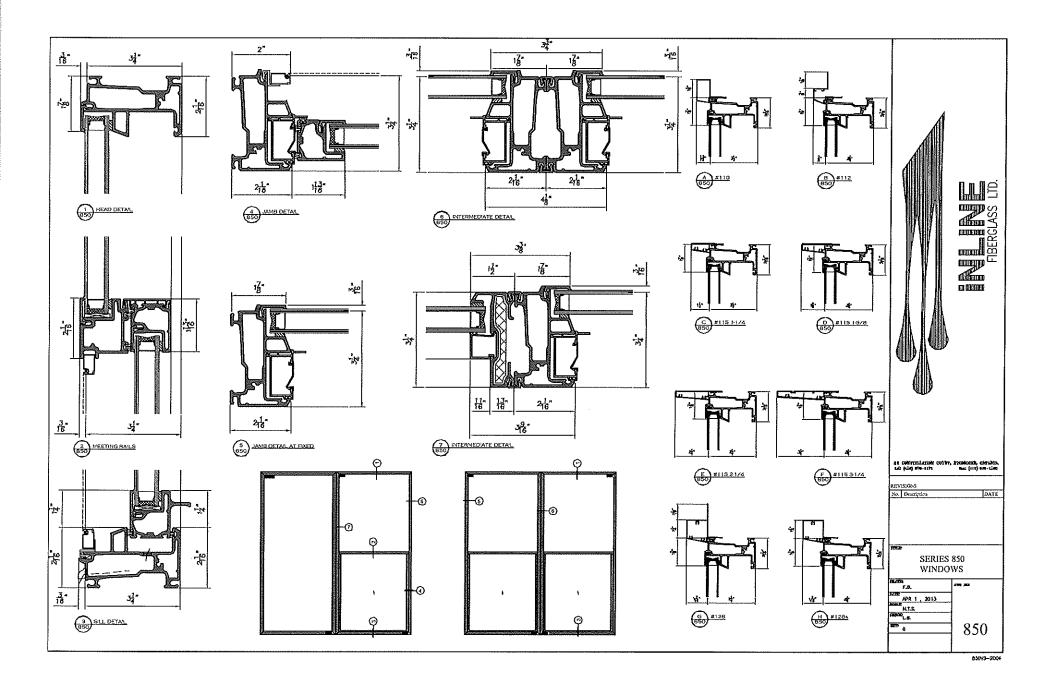




DAVID MODRISON AUAG			i de la car
Customer:		1.20.3	11
2016 EDISON DET.	Date:	220	1
Customer Address:		337	6054
	Phone#:		
This change order authorizes Majic Window to make the following changes in the work:			,
	original Co	ntract: \$_	
TRIM COLOR TO BE! Change Ar	nount:	(+/-) \$	
	act Amount		
WINDOWS INT WHITE EXT 532 ALMOND Deposit: GRIDS 532 ALMOND EXT FOR DANIEUR		(-) \$_	
GRIDS 532 ALMOND EXT Remaining	Balance:	\$_	
INT-WHITE ER DANIEUR			
Meyor Della		1-21	21
(Authorized Representative)	Date:	*	
WINDOW CO. (Customer's Signature)	Date:	1.21.	91

MORE (CON, DAVID)	1202365		12220
Customer: 2016 Edison St. Customer Address:	Detroit M	t. 48206	Date: 56-337-10054 Phone#:
This change order authorizes Majic Window ADDING & 628 00 THE GRAD ALMOST COLORS.	to make the following changes in the CON HACH FROM THE TAIL THE TAIL MANGER WINDS	Amount H. AM Change	of original Contract: \$ Amount: \(\theta \)-) \$ \(\frac{\frac{128}{0}}{0} \) Intract Amount: \$ (-) \$
Chance *	ized Representative)	Remain Haderske	a. 15 - 21 Date:
WINDOW CO. ** (Custor	ner's Signature)		Date:

WORK ORDER CHANGE



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