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

HISTORIC DISTRICT COMMISSION PROJECT REVIEW REQUEST

Data.

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

Detroit, Michigan 48226			Date
PROPERTY INFORMAT	ION		
ADDRESS:		AKA:	
HISTORIC DISTRICT:			
SCOPE OF WORK: Window Doors	Roof/Gutters/ Chimney	Porch/ L L Deck	andscape/Fence/ General ree/Park Rehab
New Constr	uction Demolition	Addition)ther:
APPLICANT IDENTIFIC	ATION		
Property Owner/ Homeowner	Contractor	Tenant or Business Occupant	Architect/Engineer/ Consultant
NAME:	COMPAN	IY NAME:	
ADDRESS:	CITY:	STATE:	ZIP:
PHONE:	MOBILE:	EMAIL:	
PROJECT REVIEW REQ	UEST CHECKLIST		
Please attach the following do		est:	
PLEASE KEEP FILE SIZE OF E	NTIRE SUBMISSION UNDE	R 30MB	NOTE.
Computation Dutiblines Downsit Application /			NOTE: Based on the scope of work,
ePLANS Permit Number (only applicable if you've already applied			additional documentation may be required.
for permits through ePLANS)			See www.detroitmi.gov/hdc for
Photographs of ALL sides of existing building or site			scope-specific requirements.
	of location of proposed wor sting condition(s), design, c		
Description of existing	conditions (including mat	terials and design)	
	if replacing any existing m n repairof existing and/or		
Detailed scope of work	(formatted as bulleted list	t)	
Brochure/cut sheets for proposed replacement material(s) and/or product(s), as applicable			
Upon receipt of this decumentation staff will review and inform you of the payt stans toward obtaining your building normit from the			

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