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

HISTORIC DISTRICT COMMISSION PROJECT REVIEW REQUEST

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

2 Woodward Avenue, Suite 808 Detroit, Michigan 48226	DATE: 10-11-21
PROPERTY INFORMATION	
ADDRESS(ES): 940 Faksy St. Detroit AKA:	
PARCEL ID: HISTORIC DISTRICT:	Boston Edison
SCOPE OF WORK: Windows/ Doors Siding Painting Roof/Gu Chimney Demolition Signage New Building Wajor Alt BRIEF PROJECT DESCRIPTION:	Balcony
BRIEF PROJECT DESCRIPTION: Copair / Restore	owage c saa
APPLICANT IDENTIFICATION	
Property Owner/ Contractor Business O NAME: Joshus Van Berhum COMPANY NAM ADDRESS: 940 Edison St. CITY: Detroi PHONE: 248 890 984 2 MOBILE:	1E:
PROJECT REVIEW REQUEST CHECKLIST	
Please attach the following documentation to your request: *PLEASE KEEP FILE SIZE OF ENTIRE SUBMISSION UNDER 30MB* Completed Building Permit Application (highlighted portions only)	NOTE: Based on the scope of work, additional documentation may be required.
ePLANS Permit Number (only applicable if you've already applied for permits through ePLANS)	I See www.detroitmi.gov/hdc for scope-I specific requirements.
Current Photographs: Including the front of the building & details the proposed work. All photographs must be labeled or captioned,	
Description of existing conditions (including materials and des	sign)
Description of project (if replacing any existing material(s), inclured replacementrather than repairof existing and/or construction	ude an explanation as to why 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	e next steps toward obtaining your building

SUBMIT COMPLETED REQUESTS TO: HDC@DETROITMI.GOV

permit from the Buildings, Safety Engineering and Environmental Department (BSEtED) to perform the work.

P2 - BUILDING PERMIT APPLICATION

	Date:
PROPERTY INFORMATION	
Address: 940 Edison St. Detr	wit-Floor: Suite#: Stories: 2
ΔKΔ·	Lot(s): Subdivision: Boston Elis
Parcel ID#(s): 0400 2617 Total Acre	s: Lot Width: Lot Depth:
Current Legal Use of Property:	RI Proposed Use:
Are there any existing buildings or structures on this	
PROJECT INFORMATION	
Permit Type: New Alteration A	ddition Demolition Correct Violations
Foundation Only Change of Use Ter	
Revision to Original Permit #: BLD 2021-0	
Description of Work (Describe in detail proposed work	and use of property attach work list)
Increase Height of Garage	- Suppressant Matricel.
Side of garage in five	- suppressont material.
0	MBC use change No MBC use change
ncluded Improvements (Check all applicable; these t	rade areas require separate permit applications)
보기 있는 항상으로 하고 있다. 그리고 얼마나 얼마나 얼마나 아니는	bing Fire Sprinkler System Fire Alarm
Structure Type	
New Building Existing Structure Ter	nant Space Garage/Accessory Building
Other: Size of Structure to be [
Construction involves changes to the floor plan?	[2] 전 2011 <u>- 12 12 1</u> 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1
e.g. interior demolition or construction to new walls)	
Jse Group: Type of Construction (F	per current MI Bldg Code Table 601)
Estimated Cost of Construction \$Strong	
By Co	ontractor By Department
Residential-Number of Units: Office-Gross Flo	oor Area Industrial-Gross Floor Area
Commercial-Gross Floor Area: Institutional-Gro	oss Floor Area Other-Gross Floor Area
roposed No. of Employees: List materials to be s	
PLOT PLAN SHALL BE submitted on separate sheets must be correct and in detail). SHOW ALL streets about its streets about the street of the str	and shall show all easements and measurements utting lot, indicate front of lot, show all buildings, Permit Application Continues on Next Page)
For Building Depa	
ntake By: Date:	Fees Due: DngBld? No
Permit Description:	r teather and a
	Proposed Use:
	d: Permit Cost: \$
	Zoning Grant(s):
	ch zoning clearance)
evised Cost (revised permit applications only) Old \$	Notes:
.99.	Notes:
Other: Date:	Notes:

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IDENTIFICATION	ACT AND AND ADDRESS OF THE PARTY OF THE PART		41 1	nor ic Porn	_:+ A I:	t
Property Owner/Hor		Property Ow				20 AND
Name: Joshva	Van Berhon	Com	pany Name:		1 4	1 1 6
Address: 940	Edison St	City:	Detrois	State:	M Zip:	482
Phone: 248 8	50 5942	Mob	ile: 2	48 8	96994	2
Driver's License #:	516440429	7336 Email	: jub 24	03	iclou	d. cun
Contractor 🔀	Contractor is Perm	nit Applicant				
Representative Name	<u> </u>	Co	mpany Name	e:		
Address:						
Phone:	Mobile:		Email: _			1. Partir
City of Detroit License						
TENANT OR BUS	INESS OCCUPA	ANT T	enant is Permit	Applicant		
Name:	Phone: _		Email:			
					are unastitute tue (former medic	
ARCHITECT/ENG	INEER/CONSU	LTANT 🔲 🛭	Architect/Engin	eer/Consult	tant is Permit	Applicant
Name:				The second secon		
Address:		City:		State: _	Zip:	
	Mobile:		Email:			
Phone: HOMEOWN I hereby certify that I a on this permit applicate	NER AFFIDAVIT (common the legal owner attion shall be completed)	Only required for re and occupant o eted by me. I ar	esidential permit f the subject p n familiar with	s obtained b property an the applic	y homeowner. Id the work o able codes a	described and
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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.

