## HISTORIC DISTRICT COMMISSION PROJECT REVIEW REQUEST

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

2 WOODWARD AVENUE, ROOM 808	3, DETROIT, MI 48226	DATE:
PROPERTY INFORMATION		
ADDRESS:	AKA:	
HISTORIC DISTRICT:		
SCOPE OF WORK: Windows/ (Check ALL that apply) Windows/	Roof/Gutters/ Porch/ Chimney Deck	Landscape/Fence/ General Rehab
New Construction	Demolition Addition	Other:
APPLICANT IDENTIFICATIO	N	
Property Owner/ Con	tractor Tenant or Business Occu	Architect/Engineer/ Consultant
NAME:	COMPANY NAME:	
ADDRESS:	CITY:	STATE: ZIP:
PHONE: MOE	BILE: I	EMAIL:
PROJECT REVIEW REQUEST CHECKLIST		
Please attach the following documer	ntation to your request:	
*PLEASE KEEP FILE SIZE OF ENTIRE		NOTE:
Completed Building Permit Application (highlighted portions only)  Based on the scope of work, additional documentation may		
ePLANS Permit Number (only applicable if you've already applied for permits through ePLANS)		
Photographs of ALL sides of existing building or site    See www.def   scope-specific   sco		See www.detroitmi.gov/hdc for scope-specific requirements.
Detailed photographs of location of proposed work (photographs to show existing condition(s), design, color, & material)		
Description of existing conditions (including materials and design)		
	acing any existing material(s), incl rof existing and/or construction	
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