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, DETRO	OIT, MI 48226 DATE: 1/7/21	
PROPERTY INFORMATION		
ADDRESS: 686 Selden St.	AKA:	
HISTORIC DISTRICT: Willis-Selden		
		General Rehab
New Construction Der	Addition Other: Windows only	
APPLICANT IDENTIFICATION		
Property Owner/ Homeowner Contractor	Tenant or Business Occupant Architect/Eng	ineer/
NAME: Andrew Casazza	COMPANY NAME: Holcomb Contracting, LLC	
ADDRESS: 656 St. Clair Ave.	CITY: Grosse Pointe STATE: MI ZIP: 48230	
PHONE: 313-618-9030 MOBILE:	EMAIL: andrew@holcomb.us	
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	Based of the scope of from	
ePLANS Permit Number (only applicate for permits through ePLANS)	I be required.	į
Photographs of ALL sides of existing bu	See www.detroitmi.gov/ho uilding or site scope-specific requiremer	
Detailed photographs of location of pro (photographs to show existing condition(
✓ Description of existing conditions (including materials and design)		
Description of project (if replacing any existing material(s), include an explanation as to why replacementrather than repairof 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