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

# HISTORIC DISTRICT COMMISSION PROJECT REVIEW REQUEST

DATE:

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

PROPERTY INFORM	ATION	
ADDRESS(ES):		AKA:
PARCEL ID:	HISTORIC DIST	RICT:
SCOPE OF WORK: Windo Doors (Check ALL that apply)  Demo	Siding Painting	Roof/Gutters/ Porch/Deck/ Addition  Major Alteration (3+ scope items)  Site Improvements (landscape, trees, fences, patios, etc.)
BRIEF PROJECT DESCRIPTI	ON:	
APPLICANT IDENTII	FICATION	
Property Owner/ Homeowner	Contractor	enant or Architect/Engineer/ usiness Occupant Consultant  ANY NAME:
ADDRESS:	CITY:	STATE: ZIP:
PHONE:	MOBILE:	EMAIL:
PROJECT REVIEW R	REQUEST CHECKLIST	
	documentation to your request: NTIRE SUBMISSION UNDER 30MB*	INOTE:
Completed Building P (highlighted portions o		Based on the scope of work, additional documentation may be required.
ePLANS Permit Numb applied for permits thro	<b>er</b> (only applicable if you've alrea ough ePLANS)	I See www.detroitmi.gov/hdc for scope- specific requirements.
, ,	9	g & detailed photographs of the area(s) affected by ptioned, e.g. "west wall", "second floor window," etc
Description of existing	g conditions (including materials	s and design)
	(if replacing any existing materia an repairof existing and/or cons	al(s), include an explanation as to why struction of new is required)
Detailed scope of wor	<b>k</b> (formatted as bulleted list)	
Brochure/cut sheets for	or proposed replacement materia	al(s) and/or product(s), as applicable
Upon receipt of this document	cation, staff will review and inform v	you of the next steps toward obtaining your building

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

SUBMIT COMPLETED REQUESTS TO: HDC@DETROITMI.GOV

### **P2 - BUILDING PERMIT APPLICATION**

			Date:
PROPERTY INFORMATION			
Address:	Floo	r:Suite#:	Stories:
AKA:			
Parcel ID#(s):			
Current Legal Use of Property:	Pro	pposed Use:	
Are there any existing buildings o			No
PROJECT INFORMATION			
Permit Type:	Alteration Addition		Correct Violation
Foundation Only Change	<u>—</u>	_ <u>_</u>	
Revision to Original Permit #:		<del></del>	
Description of Work (Describe in			
	☐ MBC ι	ıse change 🔲 N	No MBC use change
Included Improvements (Check	all applicable; these trade areas red	quire separate permit	applications)
HVAC/Mechanical Elec	trical Plumbing	Fire Sprinkler Syst	em Fire Alarn
Structure Type		,	
New Building Existing S	Structure Tenant Space	Garage/A	ccessory Building
Other: Size o	<del></del> ·		
Construction involves changes to			
(e.g. interior demolition or construction t			
Use Group: Type	,	Bldg Code Table 60°	1)
Estimated Cost of Construction			
Structure Use	\$By Contractor		By Department
Residential-Number of Units:	Office-Gross Floor Area	Industrial-	Gross Floor Area
Commercial-Gross Floor Area:			
Proposed No. of Employees:	- <del></del>		
PLOT PLAN SHALL BE submitted o	n separate sheets and shall sh	ow all easements a	and measurements
(must be correct and in detail). SHO existing and proposed distances to			
			in Next Fage)
	or Building Department Use	<u>-</u>	Dra siDlal2
	Date:	Fees Due:	DngBld? No
Permit Description:			
Current Legal Land Use:	Propo	sad Usa:	
	Date Permit Issued:		
Zoning District:  Lots Combined?  Yes	No (attach zoning clea	·	
Revised Cost (revised permit application)			
<b>6</b> I			
Zoning:	<del></del>		
Other:	Date:	Notes:	

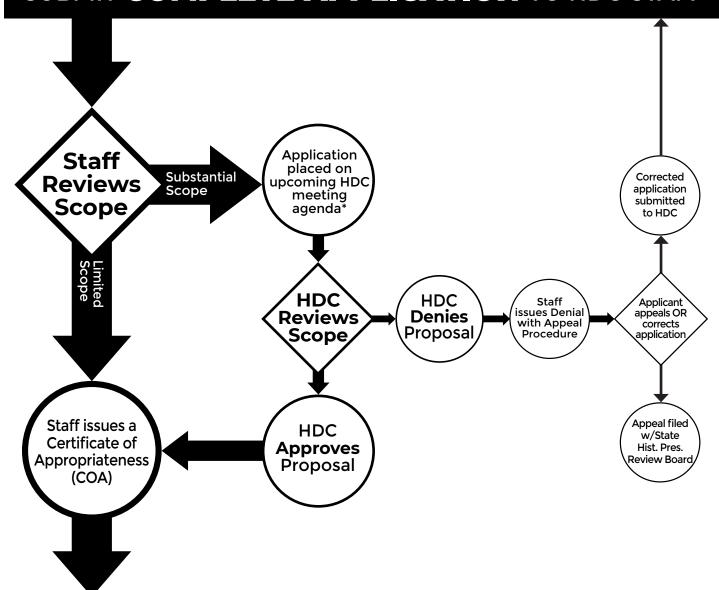
IDENTIFICATION	(All Fields Required	4)		
Property Owner/Ho	[1] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4	roperty Owner/Homeown	er is Permit Applican	
Name: Cary	Brainard	Company Name:		
Address: 1705	sixty St	City: Detroit	State: MIZip:	48226
Phone: (248)	910 - 5428	← Mobile:		
Driver's License #: 1	6561084975	28 Email: albno	2@gmail.com	n
Contractor	Contractor is Permit A			
Representative Nam	e:	Company Name:		
Address:		City:	State: Zip:	
Phone:	Mobile:	Email:		
City of Detroit Licens	se #:			
	CINIECC OCCUPANIA	Tanant is Parmit /	Applicant	
	SINESS OCCUPANT	Si and the second secon	pplicant	
Name:	Phone:	Email:		
ARCHITECT/ENG	GINEER/CONSULTA	Architect/Engine	er/Consultant is Permit	Applicant
Name: Michael Skler		Registration#: 130107117	1 Expiration Date:	1/10/22
Address: 1577 Ash S		City: Detroit		
COMO RECORDINA		765899 Email:h	423174200011000	
STATE OF THE PARTY OF THE PARTY.	the first than the state of the	required for residential permits	VITO IN SECTION OF THE SECTION	A Property of the last
requirements of the of inspections related to other person, firm or	City of Detroit and take for the installation/work he	I by me. I am familiar with to full responsibility for all coderein described. I shall neith of the work covered by the signature:	le compliance, fees an her hire nor sub-contra is building permit.	d
Subscribed and sworn	to before me this	day of 20 / A.C	) County,	Michigan
Signature:		My Commi	ssion Expires:	3
	(Notary Public)			
	PERMIT A	PPLICANT SIGNATURE		
restrictions that may certify that the proportion make this applicate all applicable laws are inspections are required the previous inspections.	apply to this constructionsed work is authorized tion as the property own and ordinances of jurisdic	ignature: Cary	ponsibility thereunder d and I have been aut orther I agree to confort ermit will expire whe ate of issuance or the	r. I horized rm to e <b>n no</b>
Subscribed and sworn		day of 20 A.D	), County	Michigan
Signature:		My Commission Expir		9
	(Notary Public)			
prohibits	a person from conspir lating to persons who	tion code act of 1972, 19 ing to circumvent the lice are to perform work on a itors of Section 23a are s	ensing requirements a residential building	of this

This application can also be completed online, Visit detroitmi.gov/bseed/elaps for more information.



## HISTORIC DISTRICT COMMISSION REVIEW & PERMIT PROCESS

### SUBMIT COMPLETE APPLICATION TO HDC STAFF



#### **OBTAIN BUILDING PERMIT**

FROM BUILDINGS, SAFETY ENGINEERING AND ENVIRONMENTAL DEPT. (BSEED)

FIND OUT MORE AT: WWW.detroitmi.gov/hdc

<sup>\*</sup> THE **COMMISSION MEETS REGULARY AT LEAST ONCE PER MONTH,** TYPICALLY ON THE SECOND WEDNESDAY OF THE MONTH.

(SEE WEBSITE FOR MEETING SCHEDULE/AGENDAS)