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

2 Woodward Avenue, Suite 808 Detroit, Michigan 48226	DATE: 2/21/2022
PROPERTY INFORMATION	
ADDRESS(ES): 2525 West Boston	AKA:
14000700	RIC DISTRICT: Boston/ Edison
(Check ALL that apply)	inting Roof/Gutters/ Porch/Deck/ Balcony Addition www. Major Alteration (3+ scope items) Site Improvements (landscape, trees, fences, patios, etc.)
BRIEF PROJECT DESCRIPTION: tuck pointing from tuck pointing front porch, new steps and deck at	porch, new steps and deck at front entrance,
APPLICANT IDENTIFICATION	
Property Owner/ Homeowner NAME: Sterling Howard	Tenant or Business Occupant Architect/Engineer/Consultant COMPANY NAME: SRH Homes LLC
ADDRESS: P O Box 2452 CITY:	Farmington Hills STATE: MI ZIP: 48333
PHONE: MOBILE: 313-643-	
PROJECT REVIEW REQUEST CHECK	.IST
Please attach the following documentation to your *PLEASE KEEP FILE SIZE OF ENTIRE SUBMISSION UND	INOTE:
Completed Building Permit Application (highlighted portions only)	Based on the scope of work, additional documentation may be required.
ePLANS Permit Number (only applicable if yo applied for permits through ePLANS)	u've already I See www.detroitmi.gov/hdc for scope- I specific requirements.
	e building & detailed photographs of the area(s) affected by eled or captioned, e.g. "west wall", "second floor window," etc
Description of existing conditions (including	materials and design)
Description of project (if replacing any existing replacementrather than repairof existing and	
Detailed scope of work (formatted as bulleted	d list)
Brochure/cut sheets for proposed replacement	nt material(s) and/or product(s), as applicable

SUBMIT COMPLETED REQUESTS TO: HDC@DETROITMI.GOV

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 (BSEtED) to perform the work.

P2 - BUILDING PERMIT APPLICATION

			Date: 2/21/2022
PROPERTY INFORMATION			
Address: 2525 West Boston	FI	oor: Suite#	: Stories: 2
AKA:			
Parcel ID#(s):	Total Acres:	Lot Width:	Lot Depth:
Current Legal Use of Property: Vaca			
Are there any existing buildings or st			No
PROJECT INFORMATION			
Permit Type: New Alt	teration Addition		
Foundation Only Change of			
Revision to Original Permit #:			
Description of Work (Describe in det tuck pointing front porch, new steps an			list)
			No MBC use change
Included Improvements (Check all a		_	
HVAC/Mechanical Electric	cal Plumbing	Fire Sprinkler Syst	tem Fire Alarm
Structure Type			
New Building Existing Stru			
Other: Size of S	tructure to be Demolish	ied (LxWxH)	cubic ft.
Construction involves changes to the	e floor plan?	Yes No	
(e.g. interior demolition or construction to n	new walls)		
Use Group: Type of	Construction (per current	: MI Bldg Code Table 60	1)
Estimated Cost of Construction \$	By Contractor	\$	By Department
Residential-Number of Units:			
Commercial-Gross Floor Area:			
Proposed No. of Employees: Lis			
PLOT PLAN SHALL BE submitted on so (must be correct and in detail). SHOW existing and proposed distances to lot	ALL streets abutting lot	, indicate front of lot	, show all buildings.
	Building Department l		3 ,
Intake By:	Date:	Fees Due:	DngBld? ☐ No
Permit Description:			
Current Legal Land Use:	Pro	posed Use:	
Permit#: Dat			
Zoning District:	Zoning (Grant(s):	
Lots Combined? Yes	No (attach zoning	clearance)	
Revised Cost (revised permit application	s only) Old \$	New \$	
Structural:			
Zoning:			
Other:			
	2 251 G. 4588		- A

P2 - BUILDING PERMIT

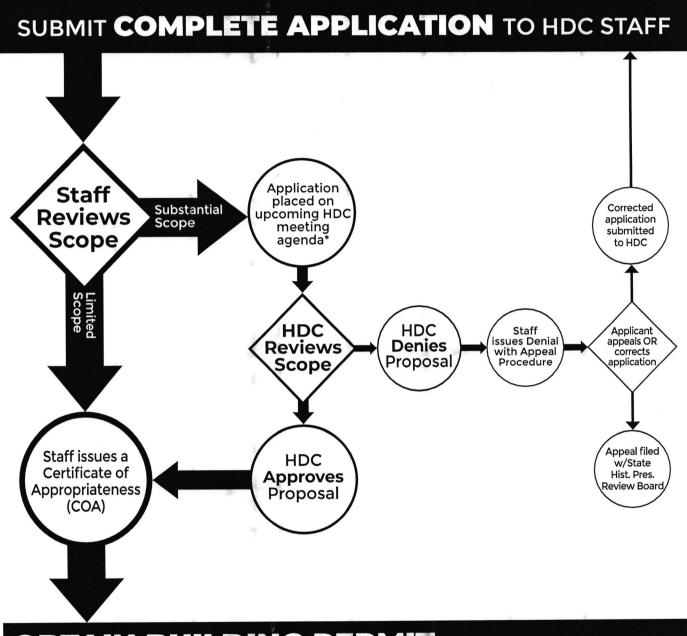
Name: Sterling Howard Address: P O Box 2452		City, Farn	y Name: SR nington Hills	State: MI	Zip: 48333
Phone: 313-643-1000		Mobile:	313-643-100	0	
Priver's License #: H 630 7	77 734 673	wobile.	oward@silve	ercapitalgrou	ıpllc.com
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	tractor is Permit A	••••			
Representative Name:	P		any Name: _		7:
Address:		City:	Email:	_ State:	_ Zip:
Phone:	Mobile:		_ Email:		
City of Detroit License #:					
TENANT OR BUSINE	SS OCCUPANT	T Tenan	t is Permit Ap	plicant	
Name:			Email:	í	
ARCHITECT/ENGINE	ER/CONSULTA	ANT Arch	itect/Engineer	r/Consultant	is Permit Applicant
Name:	State	Registration#:		Expiratio	n Date:
Address:		City:		State:	_Zip:
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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.



HISTORIC DISTRICT COMMISSION REVIEW & PERMIT PROCESS



OBTAIN BUILDING PERMIT

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

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

^{*} THE **COMMISSION MEETS REGULARY AT LEAST ONCE PER MONTH,** TYPICALLY ON THE SECOND WEDNESDAY OF THE MONTH.

(SEE WEBSITE FOR MEETING SCHEDULE/AGENDAS)