

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

DATE: \_\_\_\_\_

## PROPERTY INFORMATION

ADDRESS(ES): 1221 Labrosse AKA: 1229 Labrosse

PARCEL ID: 060000260-2 HISTORIC DISTRICT: Corktown

SCOPE OF WORK: (Check ALL that apply)

<input type="checkbox"/> Windows/Doors	<input type="checkbox"/> Walls/Siding	<input type="checkbox"/> Painting	<input type="checkbox"/> Roof/Gutters/Chimney	<input type="checkbox"/> Porch/Deck/Balcony	<input type="checkbox"/> Addition
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Signage	<input type="checkbox"/> New Building	<input type="checkbox"/> Major Alteration (3+ scope items)	<input type="checkbox"/> Site Improvements (landscape, trees, fences, patios, etc.)	

BRIEF PROJECT DESCRIPTION: Install 3 non-illuminated wall signs and one set of vinyl lettering on glass

## APPLICANT IDENTIFICATION

Property Owner/Homeowner  Contractor  Tenant or Business Occupant  Architect/Engineer/Consultant

NAME: Araneae Inc COMPANY NAME: \_\_\_\_\_

ADDRESS: 28785 Haas Rd CITY: Wixom STATE: MI ZIP: 48393

PHONE: 248-344-8840 MOBILE: \_\_\_\_\_ EMAIL: mcostakes@araneaegroup.com

## 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)
- ePLANS Permit Number (only applicable if you've already applied for permits through ePLANS)  
5602022-00233, 00234, 00235, 00236
- Current Photographs: Including the front of the building & detailed photographs of the area(s) affected by the proposed work. All photographs must be labeled 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 material(s), include an explanation as to why replacement--rather than repair--of 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

**NOTE:**  
Based on the scope of work, additional documentation may be required.  
See [www.detroitmi.gov/hdc](http://www.detroitmi.gov/hdc) for scope-specific requirements.

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](mailto:HDC@DETROITMI.GOV)**

**P2 - BUILDING PERMIT APPLICATION**

Date: \_\_\_\_\_

**PROPERTY INFORMATION**

Address: 1221 Labrosse Floor: \_\_\_\_\_ Suite#: \_\_\_\_\_ Stories: \_\_\_\_\_

AKA: \_\_\_\_\_ Lot(s): \_\_\_\_\_ Subdivision: \_\_\_\_\_

Parcel ID#(s): \_\_\_\_\_ Total Acres: \_\_\_\_\_ Lot Width: \_\_\_\_\_ Lot Depth: \_\_\_\_\_

Current Legal Use of Property: \_\_\_\_\_ Proposed Use: \_\_\_\_\_

Are there any existing buildings or structures on this parcel?  Yes  No

**PROJECT INFORMATION**

Permit Type:  New <sup>Signage</sup>  Alteration  Addition  Demolition  Correct Violations

Foundation Only  Change of Use  Temporary Use  Other: \_\_\_\_\_

Revision to Original Permit #: \_\_\_\_\_ (Original permit has been issued and is active)

Description of Work (Describe in detail proposed work and use of property, attach work list)

Installation of 3 non-illuminated wall signs  
and one set of vinyl lettering on glass

MBC use change  No MBC use change

Included Improvements (Check all applicable; these trade areas require separate permit applications)

HVAC/Mechanical  Electrical  Plumbing  Fire Sprinkler System  Fire Alarm

**Structure Type**

New Building  Existing Structure  Tenant Space  Garage/Accessory Building

Other: \_\_\_\_\_ Size of Structure to be Demolished (LxWxH) \_\_\_\_\_ cubic ft.

Construction involves changes to the floor plan?  Yes  No

(e.g. interior demolition or construction to new walls)

Use Group: \_\_\_\_\_ Type of Construction (per current MI Bldg Code Table 601) \_\_\_\_\_

Estimated Cost of Construction \$ 9000.00 By Contractor \$ \_\_\_\_\_ By Department

**Structure Use**

Residential-Number of Units: \_\_\_\_\_  Office-Gross Floor Area \_\_\_\_\_  Industrial-Gross Floor Area \_\_\_\_\_

Commercial-Gross Floor Area: \_\_\_\_\_  Institutional-Gross Floor Area \_\_\_\_\_  Other-Gross Floor Area \_\_\_\_\_

Proposed No. of Employees: \_\_\_\_\_ List materials to be stored in the building: \_\_\_\_\_

**PLOT PLAN SHALL BE submitted on separate sheets and shall show all easements and measurements (must be correct and in detail). SHOW ALL streets abutting lot, indicate front of lot, show all buildings, existing and proposed distances to lot lines. (Building Permit Application Continues on Next Page)**

**For Building Department Use Only**

Intake By: \_\_\_\_\_ Date: \_\_\_\_\_ Fees Due: \_\_\_\_\_ DngBld?  No

Permit Description: \_\_\_\_\_

Permit #:

Current Legal Land Use: \_\_\_\_\_ Proposed Use: \_\_\_\_\_

Permit#: \_\_\_\_\_ Date Permit Issued: \_\_\_\_\_ Permit Cost: \$ \_\_\_\_\_

Zoning District: \_\_\_\_\_ Zoning Grant(s): \_\_\_\_\_

Lots Combined?  Yes  No (attach zoning clearance)

Revised Cost (revised permit applications only) Old \$ \_\_\_\_\_ New \$ \_\_\_\_\_

Structural: \_\_\_\_\_ Date: \_\_\_\_\_ Notes: \_\_\_\_\_

Zoning: \_\_\_\_\_ Date: \_\_\_\_\_ Notes: \_\_\_\_\_

Other: \_\_\_\_\_ Date: \_\_\_\_\_ Notes: \_\_\_\_\_



**IDENTIFICATION** (All Fields Required)

**Property Owner/Homeowner**  Property Owner/Homeowner is Permit Applicant

Name: Archdiocese of Detroit Company Name: \_\_\_\_\_  
Address: 1234 Washington City: Detroit State: MI Zip: 48226  
Phone: 313.965.4450 Mobile: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_ Email: \_\_\_\_\_

**Contractor**  Contractor is Permit Applicant

Representative Name: John Carroll Company Name: Araneae, Inc  
Address: 28785 Haas Rd City: Wyom State: MI Zip: 48393  
Phone: 248-344-8840 Mobile: \_\_\_\_\_ Email: mcostakes@araneagroup.com  
City of Detroit License #: L1C2001-00417

**TENANT OR BUSINESS OCCUPANT**  Tenant is Permit Applicant

Name: Most Holy Trinity Catholic Academy Phone: 313.961.8855 Email: \_\_\_\_\_

**ARCHITECT/ENGINEER/CONSULTANT**  Architect/Engineer/Consultant is Permit Applicant

Name: \_\_\_\_\_ State Registration#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**HOMEOWNER AFFIDAVIT** (Only required for residential permits obtained by homeowner.)

I hereby certify that I am the legal owner and occupant of the subject property and the work described on this permit application shall be completed by me. I am familiar with the applicable codes and requirements of the City of Detroit and take full responsibility for all code compliance, fees and inspections related to the installation/work herein described. I shall neither hire nor sub-contract to any other person, firm or corporation any portion of the work covered by this building permit.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Homeowner)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ A.D. \_\_\_\_\_ County, Michigan  
Signature: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_  
(Notary Public)

**PERMIT APPLICANT SIGNATURE**

I hereby certify that the information on this application is true and correct. I have reviewed all deed restrictions that may apply to this construction and am aware of my responsibility thereunder. I certify that the proposed work is authorized by the owner of the record and I have been authorized to make this application as the property owner(s) authorized agent. Further I agree to conform to all applicable laws and ordinances of jurisdiction. **I am aware that a permit will expire when no inspections are requested and conducted within 180 days of the date of issuance or the date of the previous inspection and that expired permits cannot be**

Print Name: John Carroll Signature: \_\_\_\_\_ Date: 7/5/20  
(Permit Applicant)

Driver's License #: C640429676 269 Expiration: 4-5-2024  
Subscribed and sworn to before me this 5<sup>th</sup> day of June 2022 A.D. Oakland County, Michigan  
Signature: Mary L. Costakes My Commission Expires: Aug 1, 2027  
(Notary Public)

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](http://detroitmi.gov/bseed/elaps) for more information.

