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# HISTORIC DISTRICT COMMISSION APPLICATION FOR WORK APPROVAL

City of Detroit - Planning & Development Department 2 Woodward Avenue, Suite 808	APPLICATION ID
Detroit, Michigan 48226	HDC2025-00059
PROPERTY INFORMATION	
ADDRESS(ES): 3410 BRUSH ST	
HISTORIC DISTRICT: Brush Park	
SCOPE OF WORK: (Check ALL that apply)	
Windows/ Walls/ Painting Roof/Gutters/ P	orch/Deck/Balcony Other
Demolition Signage Building Addition	ite Improvements andscape, trees, fences, atios, etc.)
BRIEF PROJECT DESCRIPTION: Remodeling an existing building to a Carry-Out Restaurant.	

# APPLICANT IDENTIFICATION TYPE OF APPLICANT: Architect/Engineer/Consultant NAME: Tarik Najib COMPANY NAME: Professional Consulting Company ADDRESS: 16970 W WARREN CITY: Detroit STATE: MI ZIP: 48228 PHONE: +1 (313) 583-0550 EMAIL: usapcc@gmail.com

## I AGREE TO AND AFFIRM THE FOLLOWING:

I understand that the failure to upload all required documentation may result in extended review times for my project and/or a denied application.

X	r

X

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I understand that the review of this application by the Historic District Commission does not waive my responsibility to comply with any other applicable ordinances including obtaining appropriate permits (building, sign, etc.) or other department approvals prior to beginning the work.

I hereby certify that the information on this application is true and correct. I certify that the proposed work is authorized by the owner of record and I have been authorized to make this application as the property owner(s) authorized agent.

	DocuSig	ned by:
	Tarik	Najib
	E6626E	086334R
SIG	NATURI	Ē

02/13/2025

DATE

NOTE: Based on the scope of work, additional documentation may be required. See <a href="www/detroitmi.gov/hdc">www/detroitmi.gov/hdc</a> for scope-specific requirements.

### **PROJECT DETAILS – TELL US ABOUT YOUR PROJECT**

Instructions: Add project details using the text box in each section. If your details exceed the space provided, attach the details via the attachment icon for that section.

### **ePLANS PERMIT NUMBER:**

(only applicable if you've already applied for permits through ePLANS)

N/A

### GENERAL

1. DESCRIPTION OF EXISTING CONDITION Please tell us about the current appearance and conditions of the areas you want to change. You may use a few sentences or attach a separate prepared document on the right. (For example, "existing roof on my garage is covered in gray asphalt shingles in poor condition.")

Existing building has old windows, doors, painted exterior walls, and unknown boarded wall areas.

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### 2. PHOTOGRAPHS

Help us understand your project. Please attach photographs of all areas where work is proposed.

### 3. DESCRIPTION OF PROJECT

In this box, tell us about what you want to do at the areas described above in box #1. (For example, Install new asphalt shingle roofing at garage.)

-EXISTING WINDOWS TO BE REPLACED WITH BLACK ALUMINUM WINDOWS.

-EXISTING MAIN ENTRY DOOR TO BE REPLACED WITH BLACK ALUMINUM & GLASS DOOR.

-EXISTING EGRESS DOOR TO BE REPLACED WITH GREY GALVANIZED STEEL EGRESS DOOR.

-EXISTING EXTERIOR LIGHTING FIXTURE TO BE REMOVED.

-POWER WASH AND TUCK POINT BRICK WHERE NEEDED.

### 4. DETAILED SCOPE OF WORK

In this box, please describe all steps necessary to complete the work described in box #3. (For example, "remove existing shingles, replace wood deck as necessary, replace wood eaves, install roof vents, replace rotted fascia boards, paint, clean worksite.")

-REPLACE EXISTING WINDOWS AND FRAMES WITH NEW ONES. -REPLACE EXISTING DOORS AND FRAMES WITH NEW ONES. -REMOVE EXISTING EXTERIOR LIGHTING FIXTURE .

-POWER WASH AND TUCK POINT BRICK WHERE NEEDED.

### 5. BROCHURES/CUT SHEETS

Please provide information on the products or materials you are proposing to install. For example, a brochure on the brand and color of the shingles proposed.

### ADDITIONAL DETAILS

### 6. WINDOWS/DOORS

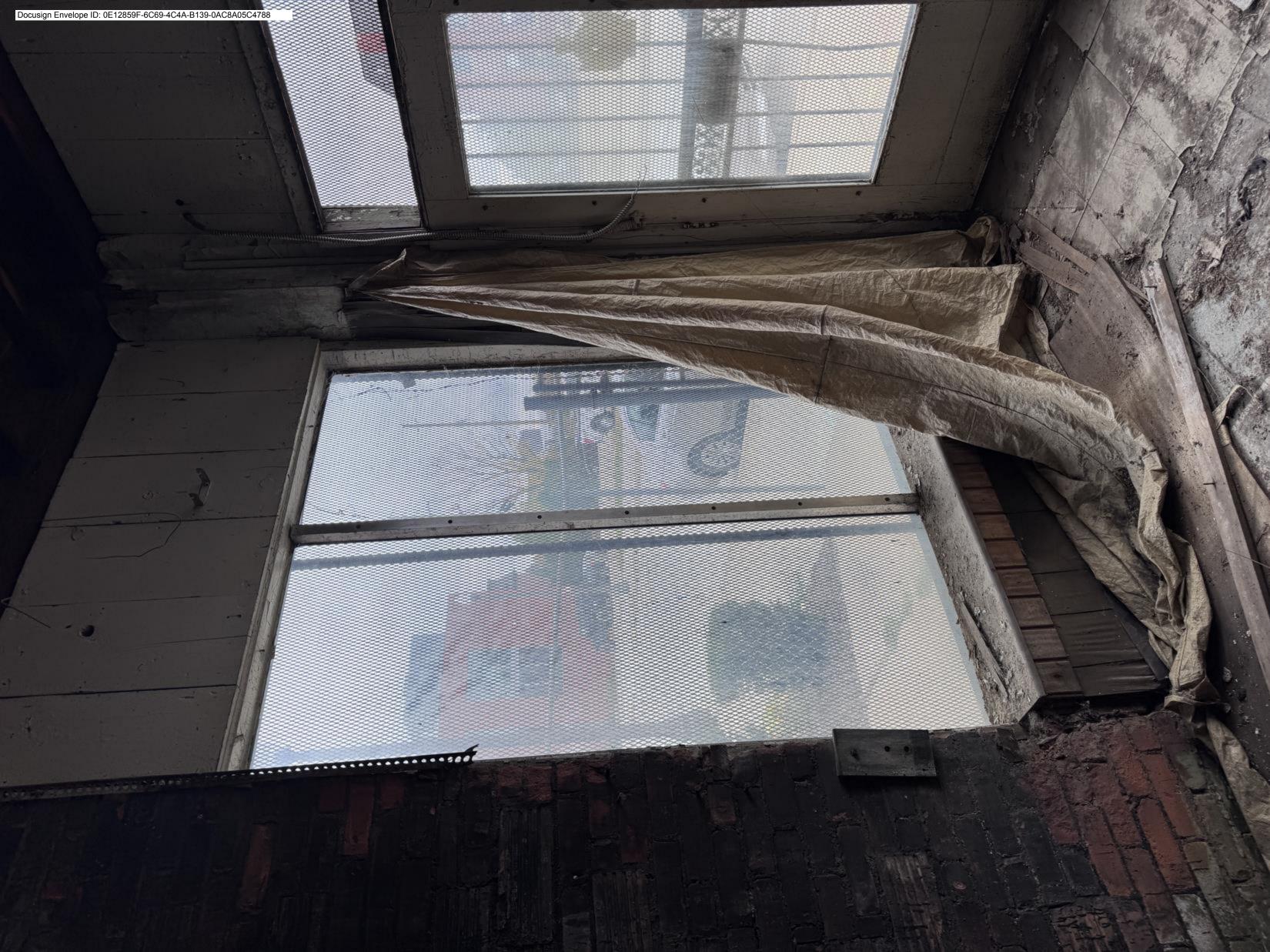
Detailed photographs of window(s) and/or door(s) proposed for replacement showing the condition of the interior and exterior of the window(s) and/or door(s)







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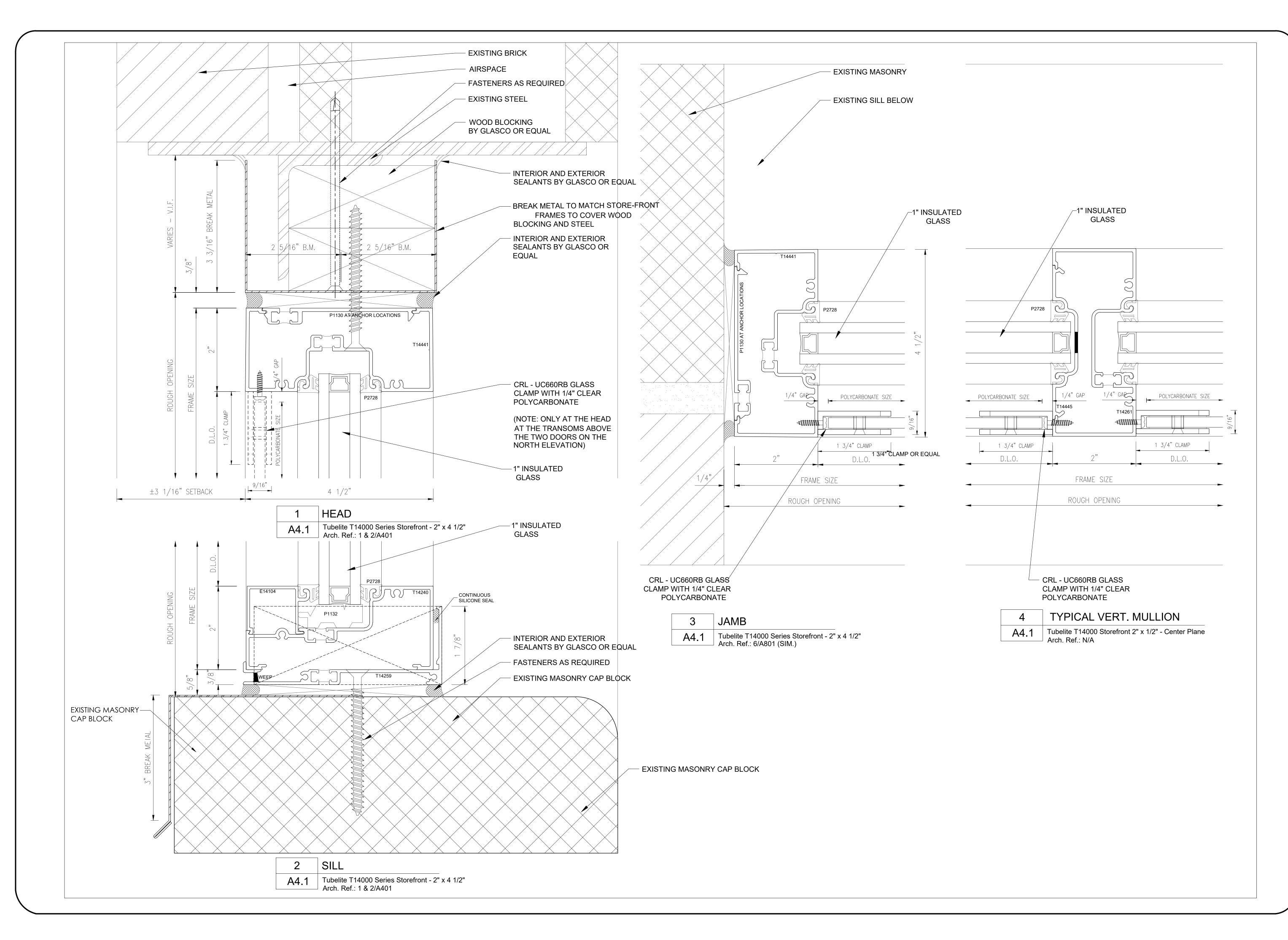


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PCC	
PROFESSIONAL CONSULTING	
COMPANY, INC	
16970 WEST WARREN DETROIT, MI 48228 PH: (313) 583-0550 FAX: (313) 583-0551	
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DEATEAT	
PROJECT WINDOWS	
STANDARDS	
OWNER'S NAME MEAGA MANAGEMENT GROUP LLC	
ADDRESS	
3410 BRUSH ST, DETROIT, MI, 48201	
PROJECT NO.	
<u>DATE</u> : 02/17/2025 <u>REVISED</u> :	
SCALE	
N.T.S.	
SHEET TITLE	
WINDOWS TYPICAL SECTIONS	
<u>A-</u> 4	
<u>A-4</u> <u>SEAL</u>	

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