



HISTORIC DISTRICT COMMISSION APPLICATION FOR WORK APPROVAL

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

APPLICATION ID

HDC2025-00758

PROPERTY INFORMATION

ADDRESS(ES): 44 Michigan Avenue

HISTORIC DISTRICT: Capitol Park

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"/> Other |
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Signage | <input type="checkbox"/> New
Building | <input type="checkbox"/> Addition | <input type="checkbox"/> Site Improvements
(landscape, trees, fences,
patios, etc.) | |

BRIEF PROJECT DESCRIPTION:

Install 900"X34" ACM for the new bank name over the old engraved concrete bank name

APPLICANT IDENTIFICATION

TYPE OF APPLICANT: Contractor

NAME: ali s naser

COMPANY NAME: legacy designz

ADDRESS: 5724 chase rd

CITY: dearborn

STATE: MI

ZIP: 48126

PHONE: +1 (586) 438-4304

EMAIL: legacydesignzmi@gmail.com

I AGREE TO AND AFFIRM THE FOLLOWING:

- | | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | I understand that the failure to upload all required documentation may result in extended review times for my project and/or a denied application. |
| <input checked="" type="checkbox"/> | 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. |
| <input checked="" type="checkbox"/> | 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. |
| <input checked="" type="checkbox"/> | As required by the state Local Historic Districts Act, Act 169 of 1970 (MCL399.205), I hereby certify that the property where work will be undertaken has, or will have before the proposed project completion date, a fire alarm system or a smoke alarm complying with the requirements of the Stille-DeRossett-Hale single state construction code act, 1972 PA 230, MCL 125.1501 to 125.1531 |

Signed by:

ali s naser

F4C618A45B8B417

SIGNATURE

12/23/2025

DATE

NOTE: Based on the scope of work, additional documentation may be required. See www.detroitmi.gov/hdc 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)

SGN2025-00573

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 sign is made of engraved concrete



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.)

top of the building - replace the old Bank name with new name as ACM Panel

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.")

install 900" x 34" ACM Sign at the top of the building in the place of the old sign. on the south elevation of the building



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



75 ft

45ft

40 ft







BRANDED FACILITY GRAPHICS

Michigan Federal Credit Union
44 Michigan Avenue
Detroit, MI, 4822

Contact: Leo Larkin
Phone: 248.606.0262
eMail: llarkin@imbranded.com

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Opp No. O-25-6635
Prod No. P-00-0000
November 17, 2025

South Elevation



Location: Building Front Soffit

Michigan Federal Credit Union
44 Michigan Avenue
Detroit, MI, 4822

Contact: Leo Larkin
Phone: 248.606.0262
eMail: llarkin@imbranded.com

Designer: JH PM: MS
Job No. O-25-6635 | P-00-0000

Live Area: 900"w x 34"h

PSV 01 (900"w x 34"h)

3M Controltac IJ18010-C applied to Dibond

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iMBRANDED

PSV 01 (900"w x 34"h) on Dibond - **South Elevation**

M I C H I G A N F I R S T C R E D I T U N I O N

Michigan Federal Credit Union
44 Michigan Avenue
Detroit, MI, 4822

Contact: Leo Larkin
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eMail: llarkin@imbranded.com

Designer: JH PM: MS
Job No. O-25-6635 | P-00-0000

Contact Sheet 1





75 ft

45ft

40 ft

