



HISTORIC DISTRICT COMMISSION APPLICATION FOR WORK APPROVAL

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

APPLICATION ID
HDC2025-00757

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" x 34" ACM Sign at the top of the building in the place of the old sign. on the south elevation of the building
install 502" x 34" ACM Sign at the top of the building in the place of the old sign at the east elevation of the building

APPLICANT IDENTIFICATION

TYPE OF APPLICANT: Contractor			
NAME: Ali Naser		COMPANY NAME: Legacy Design LLC	
ADDRESS: 5724 Chase rd		CITY: Dearborn	STATE: MI
PHONE: +1 (586) 438-4304		EMAIL: legacydesignzmi@gmail.com	
ZIP: 48126			

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:

F4C618A45B8B417

12/23/2025

SIGNATURE _____ 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)	SGN2025-00574
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GENERAL

<p>1. DESCRIPTION OF EXISTING CONDITION <i>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.")</i></p> <p>existing sign is made of engraved concrete</p>	
<p>2. PHOTOGRAPHS <i>Help us understand your project. Please attach photographs of all areas where work is proposed.</i></p>	
<p>3. DESCRIPTION OF PROJECT <i>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.)</i></p> <p>top of the building - replace the old Bank name with new name as ACM Panel</p>	
<p>4. DETAILED SCOPE OF WORK <i>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.")</i></p> <p>top of the building - replace the old Bank name with new name as ACM Panel</p>	
<p>5. BROCHURES/CUT SHEETS <i>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.</i></p>	

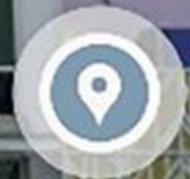
ADDITIONAL DETAILS



75 ft

40 ft

45 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

West Elevation



Location: Building Side Soffit

Live Area: 502"w x 34"h

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

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

PSV 02 (502"w x 34"h)
PSV 03 (Approximately 34"w x 34"h)

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

3M Controltac IJ18010-C applied to Dibond



PSV 02 (502"w x 34"h) on Dibond - **West Elevation**

MICHIGAN FIRST CREDIT UNION

PSV 03 (34"w x 34"h) on Dibond - **OPTION 01**



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Detroit, MI, 4822

Contact: Leo Larkin
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eMail: llarkin@imbranded.com

Contact Sheet 1

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





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TH & SONS CO.

FIRST INDEPENDENCE BANK

RETAIL FOR LEASE

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