



**City of Detroit
Historic District Commission**

APPLICATION FOR REPLACEMENT OF HISTORIC ROOFING

Instructions: Please complete this application and return with your written estimates, documentation, and completed City of Detroit Application for Building Permit No. 2 to Detroit Historic District Commission, 2 Woodward Ave, Suite 808, Detroit, Michigan 48226. **Please note that your application will not be processed until all the required information has been received.**

Property Location: _____
(Number) (Street)

Property Owner: _____

Owner Address: _____
(Street) (City) (State) (Zip)

Telephone: _____
(Home) (Business) (Fax)

Applicant: _____

Applicant Address: _____
(Street) (City) (State) (Zip)

Telephone: _____
(Home) (Business) (Fax)

Signature of Applicant: _____
(Date)

Application Deadline: Historic District Commission meets on the second Wednesday of each month. Application material must be **completed and submitted three (3) Mondays before each Commission meeting.**

Please use the enclosed criteria checklist as a guide to completing your application. Incomplete applications cannot be reviewed and will be returned to you for more information. If you have any questions or concerns, you may contact a Commission staff member at (313) 224-8907 or (313) 224-6543.

HDC Staff Use Only			
Date Received _____	App. # _____	Date Action Taken _____	Action _____

Submittal Criteria Checklist

- A completed City of Detroit Application for Building Permit #2;
- A brochure or other information giving the color, materials, and dimensions of the proposed replacement roofing;
- Copies of two (2) written estimates from different companies for repair of the existing roofing material;
- Copies of two (2) written estimates from different companies for replacement of the roof with material to match the original;
- Copies of two (2) written estimates from different companies for replacement of the roof with an alternative (synthetic) material;
- Copies of two (2) written estimates for the cost to replace the roof with asphalt shingles;
- Detailed photographs showing deterioration of the original roofing (if you cannot provide photos, Commission staff can take the photos by appointment at your request); and
- A letter from the owner or occupant stating why the siding must be replaced.

Copies of actual written estimates are REQUIRED

Repair Estimate #1 \$ _____ Company Name _____

Repair Estimate #2 \$ _____ Company Name _____

Replacement to Match #1 \$ _____ Company Name _____

Replacement to Match #2 \$ _____ Company Name _____

Alternate Material Replace #1 \$ _____ Company Name _____

Alternate Material Replace #2 \$ _____ Company Name _____

Asphalt Shingles #1 \$ _____ Company Name _____

Asphalt Shingles #2 \$ _____ Company Name _____

Preferred Action: **Cost \$** _____

Company Name _____