

07/25/2022

NOTICE OF DENIAL

Janna Waltenbaugh/Bradley Nash
1901 Chicago
Detroit, MI 48206

**RE: Application Number 22-7909; 1901 Chicago; Boston-Edison Historic District
Project Scope: Replace windows**

Dear Applicant,

At the Regular Meeting that was held on July 13, 2022, the Detroit Historic District Commission (“DHDC”) reviewed the above-referenced application. Pursuant to Section 5(1) and 9(1) of the Michigan Local Historic District Act, as amended, being MCL 399.205 (1), MCL 399.209 (9) and Sections 21-2-78 and 21-2-80 of the 2019 Detroit City Code; the DHDC hereby issues this Denial for the following work, effective on July 20, 2022, as it will be inappropriate according to the Secretary of Interior’s Standards for Rehabilitation and the district’s Elements of Design:

Replacement of the original post-war wood casement windows at the first and second floors, excepting two (2) non-historic units..

The reasons for the Denial are a failure to meet the following specific Standards or Elements:

(2) The historic character of a property shall be retained and preserved. The removal of historic materials or alteration of features and spaces that characterize a property shall be avoided.

(5) Distinctive features, finishes, and construction techniques or examples of craftsmanship that characterize a historic property shall be preserved.

(6) Deteriorated historic features shall be repaired rather than replaced. Where the severity of deterioration requires replacement of a distinctive feature, the new feature shall match the old in design, color, texture, and other visual qualities and, where possible, materials. Replacement of missing features shall be substantiated by documentary, physical, or pictorial evidence.

(9) New additions, exterior alterations, or related new construction shall not destroy historic materials that characterize the property. The new work shall be differentiated from the old and shall be compatible with the massing, size, scale, and architectural features to protect the historic integrity of the property and its environment.

The application may be resubmitted for the Historic District Commission's review when suggested changes have

been made that address the cited reasons for denial, if applicable.

Please be advised that, in accordance with MCL 399. 211 and Section 21-2-81 of the 2019 Detroit City Code, an applicant aggrieved by a decision of the DHDC may file an appeal with the State Historic Preservation Review Board. Within sixty (60) days of your receipt of this notice, an appeal may be filed with:

Jon Stuckey, Michigan Department of Attorney General
2nd Floor, G. Mennen Williams Building
525 West Ottawa Street
P.O. Box 30754
Lansing, MI 48909

Phone: 517-335-0665
E-mail: stuckeyj@michigan.gov

If you have any questions regarding the foregoing, please contact staff at 313-224-1762 or hdc@detroitmi.gov.

For the Commission:



Garrick B. Landsberg, Director
Detroit Historic District Commission

DHDC 22-7909

APPROVAL DOCUMENT – POST AT WORK LOCATION

CITY OF DETROIT
HISTORIC DISTRICT COMMISSION

2 WOODWARD, SUITE 808
DETROIT, MICHIGAN 48226

07/25/2022

CERTIFICATE OF APPROPRIATENESS

Janna Waltenbaugh/Bradley Nash
1901 Chicago
Detroit, MI 48206

**RE: Application Number 22-7909; 1901 Chicago; Boston-Edison Historic District
Project Scope: Replace windows**

Dear Applicant,

At the Regular Meeting that was held on July 13, 2022, the Detroit Historic District Commission (“DHDC”) reviewed the above-referenced application. Pursuant to Section 5(1) of the Michigan Local Historic District Act, as amended, being MCL 399.205 (1) and Sections 21-2-73/21-2-78 of the 2019 Detroit City Code; the DHDC hereby issues this Certificate of Appropriateness (“COA”) for the following work, effective on July 20, 2022, as it meets the Secretary of Interior’s Standards for Rehabilitation and the district’s Elements of Design:

- *Install two (2) replacement windows where incompatible/non-historic window sash exist, and;*
- *Replace the basement windows with glass block, and;*
- *Install a basement egress window,*

Per the submitted drawings and documents, excepting all other windows at the first and second floors, and subject to the condition(s) that:

- *The applicant work with staff to develop a final compatible design for the two replacement locations, to be a casement sash with simulated or true divided lights in a reasonably similar design to the neighboring original units.*

Please retain this COA for your files and post it at the subject property until work is complete. It is important to note that approval by the DHDC does not waive the applicant's responsibility to comply with any other applicable ordinances or statutes. If you have any questions regarding the foregoing, please contact staff at 313-224-1762 or hdc@detroitmi.gov.

For the Commission:



Garrick B. Landsberg, Director
Detroit Historic District Commission

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: 05/12/2022

PROPERTY INFORMATION

ADDRESS(ES): 1901 Chicago Blvd AKA: _____

PARCEL ID: _____ HISTORIC DISTRICT: Boston Edison

SCOPE OF WORK: (Check ALL that apply)

<input checked="" 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 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: Remaining windows to be replaced in the coming years.
Remaining windows to be replaced in the coming years.

APPLICANT IDENTIFICATION

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

NAME: Janna Waltenbaugh COMPANY NAME: _____

ADDRESS: 1901 Chicago Blvd CITY: Detroit STATE: MI ZIP: 48220

PHONE: _____ MOBILE: 248-303-3670 EMAIL: Janna.Waltenbaugh@gmail.

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)

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

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 (BSEtED) to perform the work.

NOTE:

Based on the scope of work, additional
documentation may be required.
See www.detroitmi.gov/hdc for scope-
specific requirements.

SUBMIT COMPLETED REQUESTS TO: HDC@DETROITMI.GOV

P2 - BUILDING PERMIT APPLICATION

Date: 05/12/2022

PROPERTY INFORMATION

Address: 1901 Chicago Blvd 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 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)
Replace all north facing windows and select south facing. Replacement windows will have black grids between two panes of fiberglass.

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 \$ _____ \$ _____
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: Janna Waltenbaugh Company Name: N/A

Address: 1901 Chicago Blvd City: Detroit State: MI Zip: 48206

Phone: (248) 303-3670 Mobile: (248) 303-3670

Driver's License #: W 435368549239 Email: JANNA.WALTENBAUGH@GMAIL.COM

Contractor

Contractor is Permit Applicant

Representative Name: _____ Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Mobile: _____ Email: _____

City of Detroit License #: _____

TENANT OR BUSINESS OCCUPANT

Tenant is Permit Applicant

Name: _____ Phone: _____ 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: Janna Waltenbaugh 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: Janna Waltenbaugh Signature: [Signature] Date: 5/23/22
(Permit Applicant)

Driver's License #: W435368549239 Expiration: 03/25/2025

Subscribed and sworn to before me this _____ day of _____ 20 _____ A.D. _____ County, Michigan

Signature: _____ My Commission Expires: _____
(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/bsecd/elaps for more information.



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: 5/22/2022

PROPERTY INFORMATION

ADDRESS(ES): 1901 Chicago Blvd Detroit 48206 AKA: _____

PARCEL ID: _____ HISTORIC DISTRICT: Boston Edison

SCOPE OF WORK: (Check ALL that apply)

<input checked="" 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 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: and conversion of one well window to true egress
and conversion of one well window to true egress

APPLICANT IDENTIFICATION

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

NAME: Janna Waltenbaugh COMPANY NAME: _____

ADDRESS: 1901 Chicago Blvd CITY: Detroit STATE: MI ZIP: 48206

PHONE: 248-303-3670 MOBILE: 248-303-3670 EMAIL: janna.waltenbaugh@gmail.com

PROJECT REVIEW REQUEST CHECKLIST

Please attach the following documentation to your request:

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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
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Detailed scope of work (formatted as bulleted list)

Brochure/cut sheets for proposed replacement material(s) and/or product(s), as applicable

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

NOTE:

Based on the scope of work, additional
documentation may be required.

See www.detroitmi.gov/hdc for scope-
specific requirements.

P2 - BUILDING PERMIT APPLICATION

Date: 5/22/2022

PROPERTY INFORMATION

Address: 1901 Chicago Blvd Detroit 48206 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 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)

Replacement of all single pane basement windows with glass block, conversion of one well window to a true egress w/door window. Building permit already obtained and # is: BLD2022-02632

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 \$ _____ By Contractor \$ _____ By Department

Structure Use

Residential-Number of Units: 1 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: _____ Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Mobile: _____

Driver's License #: _____ Email: _____

Contractor Contractor is Permit Applicant

Representative Name: Aafaq A. Chughtai (Chuck) Company Name: SBS Glass Block & Egress

Address: 1555 E Michigan Ave, City: Ypsilanti State: MI Zip: 48198

Phone: (844) GUARDSU Mobile: (734) 320-1664 Email: chuck@guardsyou.com

City of Detroit License #: See permit BLD 2022-02632

TENANT OR BUSINESS OCCUPANT Tenant is Permit Applicant

Name: _____ Phone: _____ 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: Janna Waltenbaugh Signature: _____ Date: 5/24/22
(Permit Applicant)

Driver's License #: W435368549239 Expiration: 03/25/2025

Subscribed and sworn to before me this _____ day of _____ 20 _____ A.D. _____ County, Michigan

Signature: _____ My Commission Expires: _____
(Notary Public)

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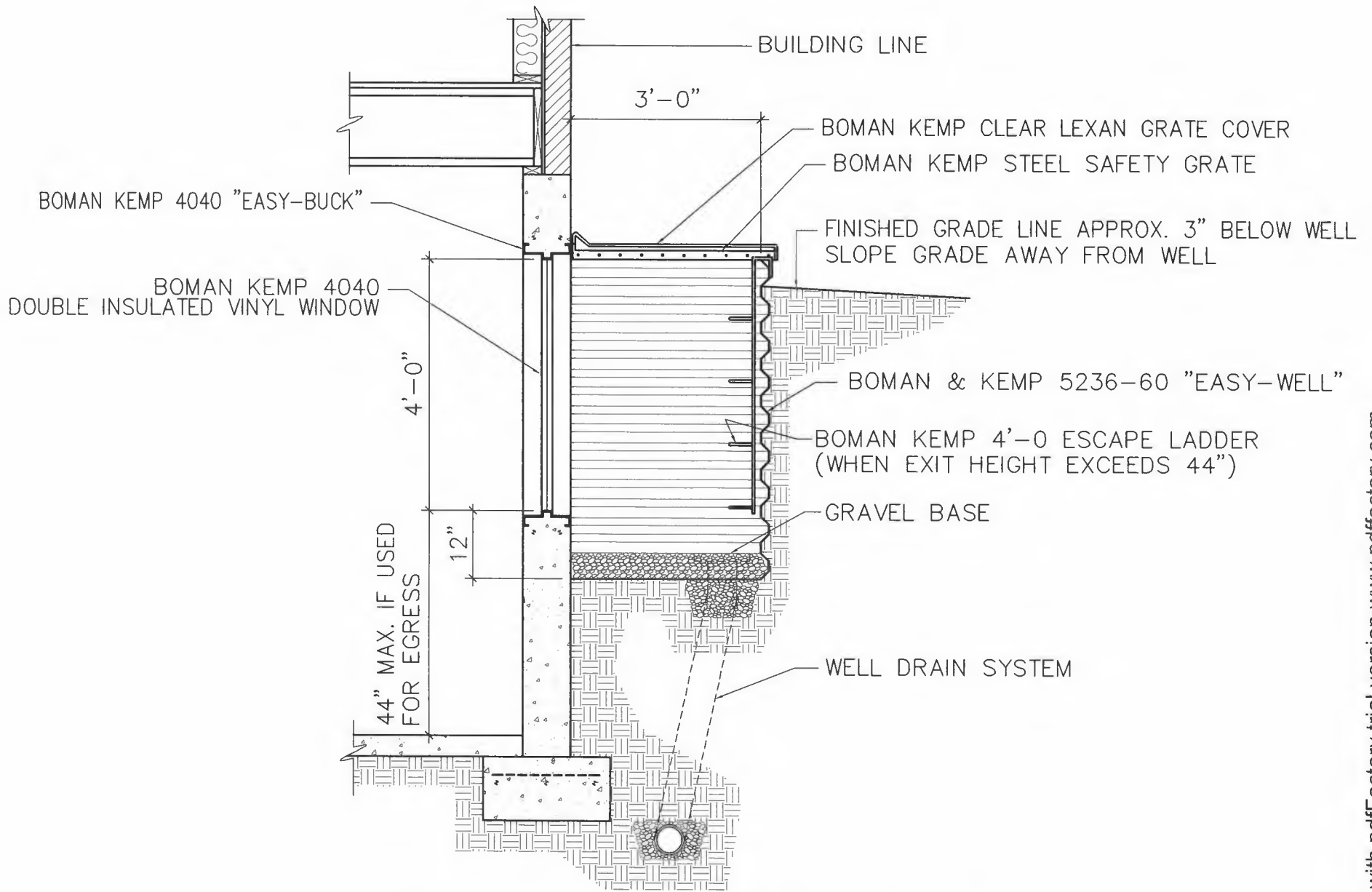
Plan Review - Review Comments Report

Project Name: **BLD2022-02632**

Workflow Started: **5/19/2022 12:32:06 PM**

Report Generated: **05/19/2022 10:08 AM**

REF #	CYCLE	REVIEWED BY	TYPE	REVIEW COMMENTS		STATUS
				FILENAME	DISCUSSION	
7	1	Sharon Miller Edwards 5/19/22 12:55 PM	Comment	Provide a certificate of appropriateness for the system covering the Board Edison Project (D-0001)		Not Met
		Plan Review Zoning Check Sharon Miller Edwards 5/19/22 12:58 PM	Library Comment	All entries for work on the Edison system need be approved by HQC (see Edison project 1515-724-1762). Please provide a Historic Certificate of Appropriateness.		Unapproved

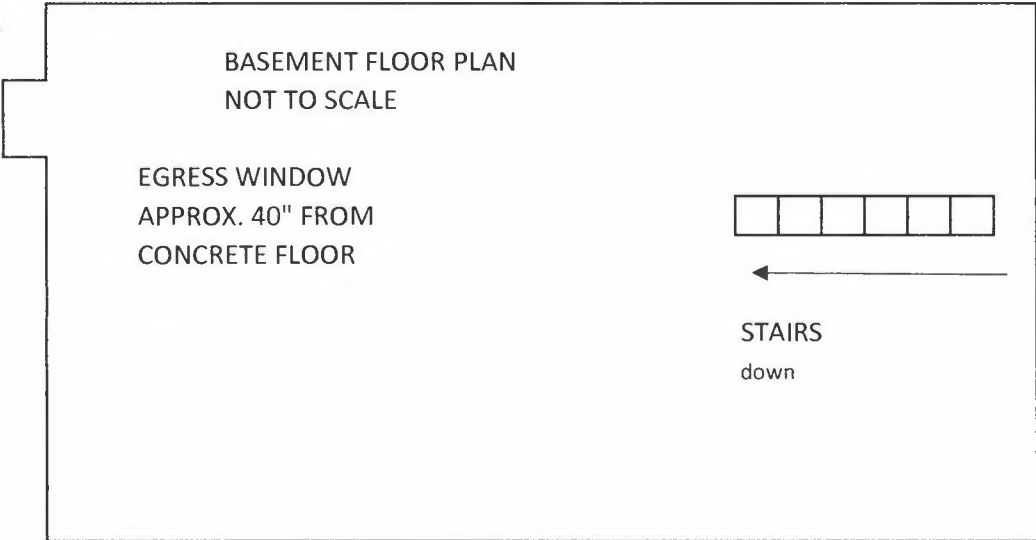


A
1
WALL SECTION THRU. WINDOW WELL

EGRESS
WIDTH = 52"
PROTRUSION = 36"

PROPOSED INSTALLATION FOR EGRESS WINDOW


NORTH



1901 CHICAGO BLVD
DETROIT, MI 48206