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: 5/10/21

PROPERTY IN	FORMATION				
ADDRESS(ES): 142	7 Seyburn St		ака: 1427 S	eyburn Garag	je
PARCEL ID: 170110	016.		DISTRICT: West V	illage	
SCOPE OF WORK: (Check ALL that apply)	Doors S	Valls/ iding Painting ignage New Building	Roof/Gutters/ Chimney Major Alteration (3+ scope items)	Porch/Deck, Balcony Site Improve (landscape, ti	
BRIEF PROJECT DE	ESCRIPTION: New e alley	garage off the alle	Эу		
APPLICANT II	DENTIFICATIO	N			
Property Owner, Homeowner NAME: Ashley Dav		ractor	Tenant or Business Occupa MPANY NAME:	nt	Architect/Engineer/ Consultant
ADDRESS: 1427 Se	eyburn St	city: Detro	it	state: MI	ZIP: 48214
PHONE:	МОВ	ILE: 347-228-4619		L: ashleyed@	⊉gmail.com
PROJECT REV	IEW REQUES	T CHECKLIST			
Please attach the fo *PLEASE KEEP FILE S	bllowing document SIZE OF <u>ENTIRE</u> SUB	tation to your requ MISSION UNDER 30	est: MB*	NOT	E:
		plication (highlight		Based on t additional	he scope of work, documentation may
for permits thr		1 5	5 1 1	be require	a. detroitmi.gov/hdc for
Photographs	of ALL sides of exist	ing building or site	2		cific requirements.
		n of proposed work dition(s), design, col			
Description of	f existing conditio	ns (including mate	erials and design)		
		ng any existing ma -of existing and/or o			is to why
Detailed scop	e of work (formatt	ed as bulleted list)			
Brochure/cut	sheets for propose	ed replacement ma	terial(s) and/or pro	oduct(s), as app	olicable

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.

SUBMIT COMPLETED REQUESTS TO: HDC@DETROITMI.GOV

P2 - BUILDING PERMIT APPLICATION

Date: 5/10/21

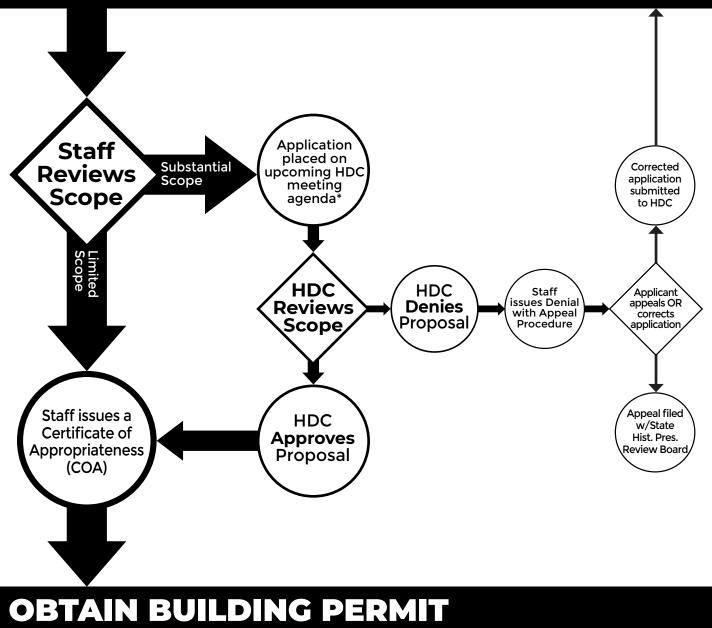
PROPERTY INFORMATI	ON			
Address: 1427 Seyburn St		Floor:	Suite#:	Stories:
AKA: 1427 Seyburn Garage				
Parcel ID#(s):				
Current Legal Use of Property		Propos	ed Use:	
Are there any existing building	gs or structures on this par	rcel? [Yes	No
PROJECT INFORMATIO	N			
Permit Type: New		ion 🗌 C	emolition	Correct Violatior
Foundation Only Ch				1
Revision to Original Permi				n issued and is active
Description of Work (Describ				
new one story, 2 car garage. See a			·	
		MBC use c	hange 🗌 No	MBC use change
Included Improvements (Ch	neck all applicable; these trade	areas require	separate permit ap	oplications)
HVAC/Mechanical	Electrical Plumbing	J 🗌 Fire	Sprinkler Syster	n 🗌 Fire Alarr
Structure Type				
New Building Existi	ng Structure 🗌 Tenant	Space [Garage/Acc	essory Building
Other: Si	ze of Structure to be Dem	olished (LxV	 VxH)	cubic ft
Construction involves change			No	
(e.g. interior demolition or construc	tion to new walls)			
Use Group:1	Type of Construction ^{(per ci}	urrent MI Bldg	Code Table 601)	
Estimated Cost of Construct	tion \$		\$	
Structure Use	By Contract	or	Ву	/ Department
Residential-Number of Units:	Office-Gross Floor A	vrea	Industrial-Gr	oss Floor Area
Commercial-Gross Floor Area:	Institutional-Gross F	loor Area	Other-Gro	oss Floor Area
Proposed No. of Employees:	List materials to be stored	l in the buildir	ıg:	
PLOT PLAN SHALL BE submitte (must be correct and in detail). existing and proposed distance	SHOW ALL streets abuttin	g lot, indica	te front of lot, s	how all buildings,
	For Building Departme			
Intake By:	Date:	Fee	s Due:	_ DngBld? No
Permit Description:				
Current Legal Land Use:		Proposed	Jse:	
Permit#:				
Zoning District:				
_	es No (attach zo			
Revised Cost (revised permit ap				
Structural:				
Zoning:				
>	Date:	N		



Name: Ashley Davidson	Company Nam	e:	
Address: 1427 Seyburn St		State: MI	
Phone:	Mobile: 347-22		
Driver's License #: D 132072210070			
Contractor Contractor is Permit			
Representative Name: Andrew Casazza		ame: Holcomb Cor	ntracting
Address: 656 St Clair		nte State: MI	
Phone: 313 571 3385 Mobile:	Emai		
City of Detroit License #: 2102220359			
TENANT OR BUSINESS OCCUPAN	NT Tenant is Per	mit Applicant	
Name: Phone:	Ema	ail:	
ARCHITECT/ENGINEER/CONSULT		gineer/Consultant i	s Permit App
Name: StudioBD PLLC Stat	te Registration#: 130106		
Address: 5870 Glasgow Dr		State: MI	
Phone: Mobile: 248	8-761-1531 Em	ail: cliburdi@gmail	l.com
HOMEOWNER AFFIDAVIT (On	ly required for residential pe	rmits obtained by hor	neowner.)
		by this building per	
Print Name: Ashley Davidson (Homeowner) Subscribed and sworn to before me this Signature:	Signature:	(Date: 5/10/
Print Name: Ashley Davidson (Homeowner)	Signature:	_A.D.	Date: 5/10/
Print Name: Ashley Davidson (Homeowner) Subscribed and sworn to before me this Signature: (Notary Public)	Signature:	_A.D mmission Expires:	Date: 5/10/
Print Name: Ashley Davidson (Homeowner) Subscribed and sworn to before me this Signature: (Notary Public) PERMIT I hereby certify that the information on this restrictions that may apply to this construct certify that the proposed work is authorize to make this application as the property or all applicable laws and ordinances of jurisc inspections are requested and conducte the previous inspection and that expired	Signature:20 day of20 My Co APPLICANT SIGNATUL s application is true and ction and am aware of m ed by the owner of the re wner(s) authorized agen diction. I am aware that ed within 180 days of the d permits cannot be	A.D. mmission Expires: RE correct. I have rev y responsibility the ecord and I have b t. Further I agree t a permit will exp he date of issuance	Date: 5/10/ County, Micl riewed all de ereunder. I been authoriz to conform t bire when no ce or the da
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HISTORIC DISTRICT COMMISSION REVIEW & PERMIT PROCESS

SUBMIT COMPLETE APPLICATION TO HDC STAFF



FROM BUILDINGS, SAFETY ENGINEERING AND ENVIRONMENTAL DEPT. (BSEED)

* THE **COMMISSION MEETS REGULARY AT LEAST ONCE PER MONTH,** TYPICALLY ON THE SECOND WEDNESDAY OF THE MONTH. (SEE WEBSITE FOR MEETING SCHEDULE/AGENDAS)

FIND OUT MORE AT: WWW.detroitmi.gov/hdc