

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: 10/10/2021

PROPERTY INFORMATION

ADDRESS(ES): 8016 Kercheval Avenue AKA:

PARCEL ID: 17000116 HISTORIC DISTRICT: West Village

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 checked="" 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: Revision to rear porch for ADA compliance and lift to 1st and 2nd floor
Revision to rear porch for ADA compliance and lift to 1st and 2nd floor

APPLICANT IDENTIFICATION

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

NAME: Robert Encarnacion COMPANY NAME: RAE GROUP LLC

ADDRESS: 1726 Parker st CITY: Detroit STATE: MI ZIP: 48214

PHONE: 617-407-7640 MOBILE: same EMAIL: robert.encarnacion@yahoo.com

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 (BSE&ED) 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: 10/12/2021

PROPERTY INFORMATION

Address: 8016 Kercheval Avenue Floor: _____ Suite#: _____ Stories: 2

AKA: _____ Lot(s): _____ Subdivision: _____

Parcel ID#(s): 17000116 Total Acres: .061 Lot Width: 30' Lot Depth: 92'

Current Legal Use of Property: Two Family Residential Proposed Use: Cafe / Restaurant

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)

See attached Work List

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:

Current Legal Land Use: _____ Proposed Use: _____

Permit#: _____ Date Permit Issued: _____ Permit Cost: \$ _____

Zoning District: _____ Zoning Grant(s): _____

Permit #:

IDENTIFICATION (All Fields Required)

Property Owner/Homeowner



Property Owner/Homeowner is Permit Applicant

Name: Robert A. Encarnacion Company Name: RAE GROUP LLC

Address: 1726 Parker st City: Detroit State: Zip: 48214

Phone: 617-407-7640 Mobile: Same

Driver's License #: E526745044608 Email: robert.encarnacion@yahoo.com

Contractor



Contractor is Permit Applicant

Representative Name: Company Name: TBD

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: Urban Alterscape Inc State Registration#: Expiration Date:

Address: 1938 Franklin St., Suite 207 City: Detroit State: MI Zip: 48230

Phone: 313-522-2140 Mobile: 313-522-2138 Email: ebaker@urbanalterscape.com

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: Robert A. Encarnacion Signature: Date: 10/12/2021
(Homeowner)

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

Signature: My Commission Expires: _____
(Notary Public)

PERMIT APPLICANT SIGNATURE

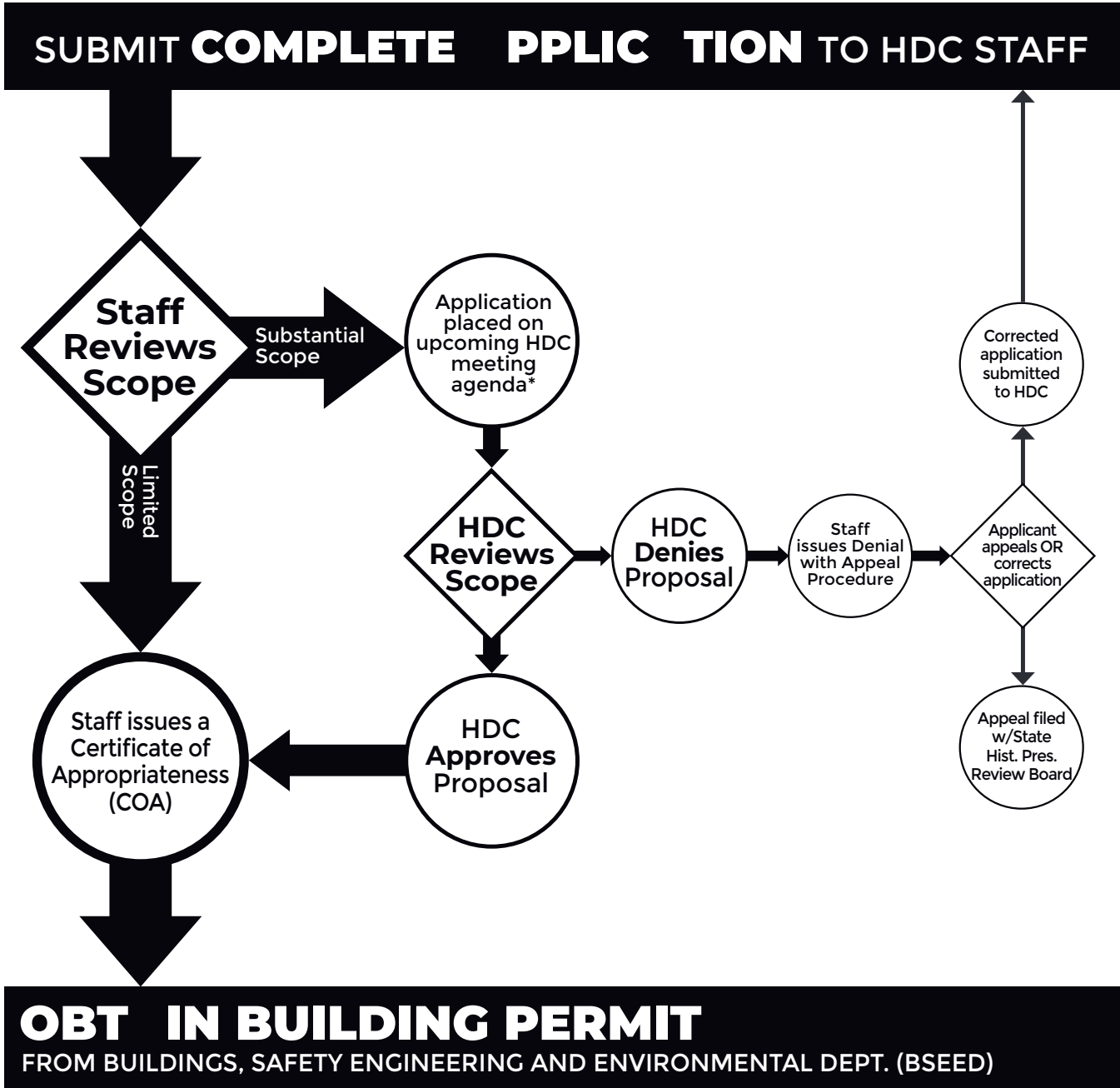
I hereby certify that the information on this application is true and correct. I have reviewed all deed restrictions that may apply to this construction and am aware of my responsibility thereunder. I certify that the proposed work is authorized by the owner of the record and I have been authorized to 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: Robert A. Encarnacion Signature: Date: 10/12/2021
(Permit Applicant)

Driver's License #: E526745044608 Expiration: 08/03/2023

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

HISTORIC DISTRICT COMMISSION REVIEW & PERMIT PROCESS



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

FIND OUT MORE T: www.detroitmi.gov/hdc