

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: 5-14-2020

## PROPERTY INFORMATION

ADDRESS: 15419 Warwick AKA: \_\_\_\_\_

HISTORIC DISTRICT: Rosedale Park

SCOPE OF WORK: (Check ALL that apply)

<input checked="" type="checkbox"/> Windows/Doors	<input type="checkbox"/> Roof/Gutters/Chimney	<input type="checkbox"/> Porch/Deck	<input type="checkbox"/> Landscape/Fence/Tree/Park	<input type="checkbox"/> General Rehab
<input type="checkbox"/> New Construction	<input type="checkbox"/> Demolition	<input type="checkbox"/> Addition	<input type="checkbox"/> Other: _____	

## APPLICANT IDENTIFICATION

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

NAME: Robert Kabbbani COMPANY NAME: KW Legacy

ADDRESS: 22371 W Village Dr CITY: Dearborn STATE: MI ZIP: 48124

PHONE: 313-926-2200 MOBILE: 313-926-2200 EMAIL: robert.kabbbani@gmail.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)
- Photographs** of ALL sides of existing building or site
- Detailed photographs** of location of proposed work (photographs to show existing condition(s), design, color, & material)
- 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

**NOTE:**  
Based on the scope of work, additional documentation may be required.  
See [www.detroitmi.gov/hdc](http://www.detroitmi.gov/hdc) for scope-specific requirements.

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](mailto:HDC@DETROITMI.GOV)**

# P2 - BUILDING PERMIT APPLICATION

Date: 5-14-2020

## PROPERTY INFORMATION

Address: 15419 Warwick 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: Window Replacement  
 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)

Attached.

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: \_\_\_\_\_

**IDENTIFICATION** (All Fields Required)

**Property Owner/Homeowner**

Property Owner/Homeowner is Permit Applicant

Name: Deirdre Toomey Company Name: Rotten Rotten Holdings A, LLC  
Address: 1430 1st Ave N #5 City: Seattle State: WA Zip: 98109  
Phone: 919-923-3174 Mobile: 919-923-3174  
Driver's License #: TOOMEYDM278NM Email: deirdre.mt@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: Robert Kabban State Registration#: 6502385687 Expiration Date: 10/31/21  
Address: 22371 W Village Dr City: Dearborn State: MI Zip: 48124  
Phone: 313-926-2200 Mobile: 313-926-2200 Email: robert.kabban@gmail.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: \_\_\_\_\_ 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**