THIS IS A 3-PAGE FORM - ALL INFORMATION IS REQUIRED FOR PROJECT REVIEW

HISTORIC DISTRICT COMMISSION PROJECT REVIEW REQUEST

00/24/2020

City of Detroit - Planning & Development Department 2 Woodward Avenue, Suite 808
Detroit, Michigan 48226

Detroit, Michigan 48226		Date: 09/24/2020	
PROPERTY INFORMATION			
ADDRESS: 287, 295 and 301 Watson	AKA:		
HISTORIC DISTRICT: Brush Park			
SCOPE OF WORK: Windows/ Check ALL that apply) Windows/ Doors Roof/Gutters/ Chimney	Porch/ Deck	Landscape/Fence/ General Tree/Park Rehab	
New Construction Demolition	Addition	Other:	
APPLICANT IDENTIFICATION			
Property Owner/ Homeowner Cocily C. King	Tenant or Business Occupant	Architect/Engineer/ Consultant	
	NY NAME: Kipling De		
ADDRESS: 287, 295 and 301 Watson CITY: De	troit STATE	: <u>MI</u> ZIP: <u>48201</u>	
PHONE: 732.589.2859 MOBILE: 732.589.285	9 EMAIL:	cecily@kiplingdevelopment	
PROJECT REVIEW REQUEST CHECKLIST			
Please attach the following documentation to your req			
X Completed Building Permit Application (highlighted)		NOTE: Based on the scope of work,	
ePLANS Permit Number (only applicable if you've for permits through ePLANS)	e already applied	additional documentation may be required.	
X Photographs of ALL sides of existing building or s	site	See www.detroitmi.gov/hdc for scope-specific requirements.	
Detailed photographs of location of proposed we (photographs to show existing condition(s), design,			
Description of existing conditions (including ma	aterials and design)		
Description of project (if replacing any existing material(s), include an explanation as to why replacementrather than repairof existing and/or construction of new is required)			

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

Detailed scope of work (formatted as bulleted list)

Buildings, Safety Engineering and Environmental Department (BSEED) to perform the work.

SUBMIT COMPLETED REQUESTS TO HDC@DETROITMI.GOV

P2 - BUILDING PERMIT APPLICATION

Date: 09/24/2020			
PROPERTY INFORMATION			
Address: 287, 295 and 301 Watson Floor: Suite#: Stories:			
C. L. St. C. Drugh			
AKA: Lot(s): Subdivision: Brush Parcel ID#(s): 01000767, 01000768,01000769 Total Acres: 0.34 Lot Width: 100 Lot Depth: 150			
Current Legal Use of Property: Vacant Land Proposed Use: Residential			
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) New construction of 12 Terraced Townhomes and 4 Carriage Homes. (See attached submission for more			
complete design information.)			
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):			
Lots Combined? Yes No (attach zoning clearance)			
Revised Cost (revised permit applications only) Old \$ New \$			
Structural: Notes:			
Zoning: Date: Notes:			
Other: Date: Notes:			

city of DETROIT

Permit #:

IDENTIFICATION (All Fields Required)			
Property Owner/Homeowner Property Owner/Homeowner is Permit Applicant			
Name: Cecily C. King	Company Name: Kipling D	evelopment	
Address: 535 Griswold, Suite 111-546		MI zip: 48226	
Phone: 732.589.2859	Mobile: 732.589.2859		
Driver's License #: K4486 11663 51882	Email: cecily@kiplingdevel	opment.com	
Contractor Contractor is Permit Applicant			
Representative Name:	Company Name:	-	
Address:	City: State:	Zip:	
Phone: Mobile:	Email:		
City of Detroit License #:		restantistissen region, sin rivata en 10000000 restantistis restantistis restantistis restantistis restantisti	
TENANT OR BUSINESS OCCUPANT			
Name: Phone:	Email:		
ARCHITECT/ENGINEER/CONSULTANT	Architect/Engineer/Consulta	ant is Permit Applicant	
Name:State Reg			
Address:			
Phone: Mobile:			
HOMEOWNER AFFIDAVIT (Only requirements of the legal owner and occurrence o			
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: Signa (Homeowner)	ature:	Date:	
Subscribed and sworn to before me thisday	of20A.D	County, Michigan	
Signature:	My Commission Expi	res:	
(Notary Public)			
PERMIT APPLI	ICANT 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: Print Name:			
Driver's License #: K 4486 11663 51882 Expiration: 01/02/2023			
Subscribed and sworn to before me this 28 day of Sept. 20 Jo A.D. Essas County, Michigan New Jersey			
Signature: My Commission Expires: 03 17 2021			
Section 23a of the state construction prohibits a person from conspiring state relating to persons who are residential structure. Visitors	to circumvent the licensing req	uirements of this NOTARY PUBLIC OF NEW JERSEY Commission Expires 03/17/2024	

 $This application \ can \ also \ be \ completed \ online. \ Visit \ detroitmi.gov/bseed/elaps \ for \ more \ information.$

