

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: \_\_\_\_\_

## PROPERTY INFORMATION

ADDRESS: 8116 KERCHEVAL AKA: 8122 KERCHEVAL

HISTORIC DISTRICT: WEST VILLAGE

SCOPE OF WORK: (Check ALL that apply)

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

## APPLICANT IDENTIFICATION

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

NAME: DONNA HOLKE COMPANY NAME: INTERCITY NEON

ADDRESS: PO BOX 3762 CITY: CENTERLINE STATE: MI ZIP: 48015

PHONE: 586-754-6020 MOBILE: \_\_\_\_\_ EMAIL: donna@intercityneon.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) SGN2020-00501
- 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)**

Application is hereby made for the erection of a sign as specified herein:

Detroit, Michigan 48226 19
OWNER OF SIGN MUMMA MARIA'S Address 8123 KERCHEVAL Phone Social Security No.
ERECTOR INTERCITY NEON- PO BOX 3762- CENTERLINE- MI 48015
LICENSE NO. LC2001-04992 F04994 Federal ID or Social Security No. 38-2416642
LOCATION ( 8123 ) KERCHEVAL Street
BETWEEN Street and Street
LOT NUMBER Subdivision WEST VILLAGE

PROJECTING SIGN Gound Projecting [ ] Roof Projecting [ ] No. of Signs

To be attached to
If building, state whether frame or masonry and number of stories. If pole, give size and material.

How many projecting signs now attached to building at same floor level where this sign is to be erected?

Distance between new and present signs Distance between sign and side lot line

Sign will project beyond property line ft. inches.

SIZE: Horizontal Measurement Maximum Vertical Measurement Maximum Thickness Area sq. ft. Wt. lbs.

Is this a swinging sign? Yes or No Inner edge will be inches from building or pole.

Lower edge will be ft. above Sidewalk [ ] Alley [ ] Private Property [ ]

Of what material is sign constructed? Face: Frame: Thickness Size

Trade name of plastic Area of plastic sq. ft.

Sign will be secured by top lifts of Chain, Cable or Steel Size

Sign will be guyed on each side by guys of Chain, Cable or Steel Size

NOTE: Attach sketch showing construction. In case a gin pole or roof structure is used show sizes and lengths of structural members and anchorage. In case of pole signs show size and anchorage of pole, also position of pole on lot.

GROUND SIGN No. of Signs

Of what material is sign constructed? Face: Frame:

Trade name of plastic Area of plastic sq. ft.

Of what material are supports of sign constructed Size and Number { Uprights Back Braces

SIZE: Horizontal measurement Maximum Vertical measurement Maximum Area sq. ft.

Top of sign will be ft. above ground

Lower edge will be ft. above ground

NOTE: Attach sketch showing construction.

TEMPORARY SIGNS OR DECORATIONS

Type Spinners [ ] Pennants [ ] Banners [ ] Advertising Displays [ ] Others Kind

Approved by Detroit City Council Date for No. Days

WALL SIGN No. of Signs 1

Of what material are supports of sign constructed? SCREWS

Trade name of plastic X NONE Area of plastic \_\_\_\_\_ sq. ft.

SIZE: Horizontal measurement 60" Vertical measurement 18" Thickness 1/2" Area 7.5 sq. ft. Weight 20 lbs.

If sign extends over public property, state height above sidewalk or property \_\_\_\_\_

How attached to building SCREWED TO DECK

NOTE: Attach sketch showing construction.

ROOF (open)  closed  MARQUISE SIGN No. of Signs \_\_\_\_\_

Of what material is sign constructed? Face: \_\_\_\_\_ Frame: \_\_\_\_\_

Trade name of plastic \_\_\_\_\_ Area of plastic \_\_\_\_\_ sq. ft.

SIZE: Horizontal measurement \_\_\_\_\_ Vertical measurement \_\_\_\_\_ Area \_\_\_\_\_ sq. ft.

Distance from lower edge to roof \_\_\_\_\_ ft. Distance from roof to top of sign \_\_\_\_\_ ft.

Distance from grade to top of sign \_\_\_\_\_ ft. Distance from lower edge to sidewalk \_\_\_\_\_ ft.

Length of the marquise at building wall \_\_\_\_\_

NOTE: Two sets of plans showing construction of roof and sign, or marquise and sign must accompany this application. Code regulations may require seal of registered Engineer.

ANSWER ALL QUESTIONS LISTED BELOW

1. WORDING: MUMMA MARIA'S HOUSE  
HISTORIC WEST VILLAGE

2. Is this sign a replacement? NO If so, state size of old sign \_\_\_\_\_

3. Illuminated NO Type of illumination \_\_\_\_\_ Flashing or Blinking \_\_\_\_\_  
Yes or No Yes or No

4. "Electrical wiring must be inspected and approved before this permit is issued." Give number of department metal tag or UL sign label number. City  
Tag No. \_\_\_\_\_ U. L. No. N/A

5. Licensed Electrical Contractor responsible for wiring sign(s).  
Name N/A Address \_\_\_\_\_

I certify that the information contained in this application is correct. Senna Halke  
Applicant

(NOT TO BE FILLED IN BY APPLICANT)

ZONING EXAMINATION

District \_\_\_\_\_ Size \_\_\_\_\_ Map No. \_\_\_\_\_

REMARKS \_\_\_\_\_

APPROVED BY \_\_\_\_\_ Date \_\_\_\_\_  
Examiner

CODE EXAMINATION

Construction \_\_\_\_\_ Supports \_\_\_\_\_ Type of Sign \_\_\_\_\_ Area \_\_\_\_\_

REMARKS \_\_\_\_\_

APPROVED BY \_\_\_\_\_ Date \_\_\_\_\_  
Examiner

STREETS AND TRAFFIC

APPROVED BY \_\_\_\_\_ Date \_\_\_\_\_  
Examiner

TO BE FILLED IN BY APPLICANT

**LOT PLOT, ELEVATIONS AND CROSS SECTIONS**

This plot must show the following: (a) Dimensions of lot; (b) All buildings existing on lot and all new building or additions to be erected, the location thereof including sizes; (c) Measurement of side, rear and front yards; (d) Location of streets and alleys; (e) Location of sign.

Permit No. \_\_\_\_\_

**IDENTIFICATION** (All Fields Required)

**Property Owner/Homeowner**

Property Owner/Homeowner is Permit Applicant

Name: Carl Giordano Company Name: Mumma Maria's House

Address: \_\_\_\_\_ City: Detroit State: MI Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: 586-222-4754

Driver's License #: \_\_\_\_\_ Email: bondcarl26@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: Mumma Maria's Phone: 586-222-4754 Email: bondcarl26@gmail.com

**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: Carl Giordano Signature: \_\_\_\_\_ Date: 8-30-20  
(Permit Applicant)

Driver's License #: G 635 108 018 320 Expiration: 4-26-2024

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/bseed/elaps](http://detroitmi.gov/bseed/elaps) for more information.



# P2 - BUILDING PERMIT APPLICATION

Date: August 30, 2020

## PROPERTY INFORMATION

Address: 8122 Kercheval Floor: \_\_\_\_\_ Suite#: \_\_\_\_\_ Stories: \_\_\_\_\_  
AKA: Mumma Maria's 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: Outside Seating/Sign  
 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)

Provide tables and chairs for outside seating on existing wood deck

Install Signage on Exterior

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: \_\_\_\_\_

