HISTORIC DISTRICT COMMISSION PROJECT REVIEW REQUEST

CITY OF DETROIT

PLANNING & DEVELOPMENT DEPARTMENT
2 WOODWARD AVENUE, ROOM 808, DETROIT, MI 48226

DATE:

PROPERTY INFORMATION ADDRESS: AKA: HISTORIC DISTRICT: Windows/ Roof/Gutters/ Porch/ Landscape/Fence/ General SCOPE OF WORK: Doors Chimnev Deck Tree/Park Rehab (Check ALL that apply) New Construction Demolition Addition Other: APPLICANT IDENTIFICATION Property Owner/ Architect/Engineer/ Tenant or Contractor Homeowner **Business Occupant** Consultant COMPANY NAME: NAME: ADDRESS:______ CITY:_____ STATE:_____ ZIP:_____ _____ MOBILE:_____ EMAIL:_____ PHONE:____ **PROJECT REVIEW REOUEST 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) Based on the scope of work, additional documentation may ePLANS Permit Number (only applicable if you've already applied be required. for permits through ePLANS) See www.detroitmi.gov/hdc for scope-specific requirements. **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

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

P2 - BUILDING PERMIT APPLICATION

			Date:
PROPERTY INFORMATIO	 N		
Address:	F	oor: Suite#	t: Stories:
AKA:			
Parcel ID#(s):			
Current Legal Use of Property:			
Are there any existing buildings			No No
PROJECT INFORMATION			
	Alteration Addition		Correct Violations
Foundation Only Char			
Revision to Original Permit #			
Description of Work (Describe			
	MB	C use change	No MBC use change
Included Improvements (Chee	ck all applicable; these trade area	s require separate perm	it applications)
HVAC/Mechanical El	ectrical 🗌 Plumbing [Fire Sprinkler Sys	stem 🗌 Fire Alarm
Structure Type			
New Building Existing	g Structure 🗌 Tenant Spa	ice 🗌 Garage/A	Accessory Building
Other: Size	of Structure to be Demolish	ned (LxWxH)	cubic ft.
Construction involves changes t	o the floor plan?	Yes 🗌 No	
(e.g. interior demolition or constructio	on to new walls)		
Use Group: Typ	pe of Construction (per curren	t MI Bldg Code Table 60	01)
Estimated Cost of Constructio	n \$	\$	By Department
Structure Use	_	_	
Residential-Number of Units:	_		
Commercial-Gross Floor Area:			Gross Floor Area
Proposed No. of Employees:			
PLOT PLAN SHALL BE submitted (must be correct and in detail). So existing and proposed distances	HOW ALL streets abutting lo	t, indicate front of lo	t, show all buildings,
	For Building Department		
Intake By:	Date:	Fees Due:	DngBld? No
Permit Description:			
Current Legal Land Use:			
Permit#:			
Zoning District:	_		
Lots Combined? Yes			
Revised Cost (revised permit appli			
Structural:			
Zoning:	Date:	Notes:	
Other:	Date:	Notes:	

Permit #:

IDENTIFICATION (All Fields Required) Property Owner/Homeowner Property Owner/Homeowner is Permit Applicant Company Name: Name: State: Zip: City: Address: Mobile: Phone: Driver's License #: Email: Contractor **Contractor is Permit Applicant** Representative Name: **Company Name:** City: State: Zip: Address: Mobile: Email: Phone: City of Detroit License #: TENANT OR BUSINESS OCCUPANT Tenant is Permit Applicant Name: Phone: Email: **ARCHITECT/ENGINEER/CONSULTANT** Architect/Engineer/Consultant is Permit Applicant _____ State Registration#: _____ Expiration Date:_____ Name: _____City: _____State: ____Zip: _____ Address: Mobile: Phone: 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 My Commission Expires: Signature:

(Notary Public)

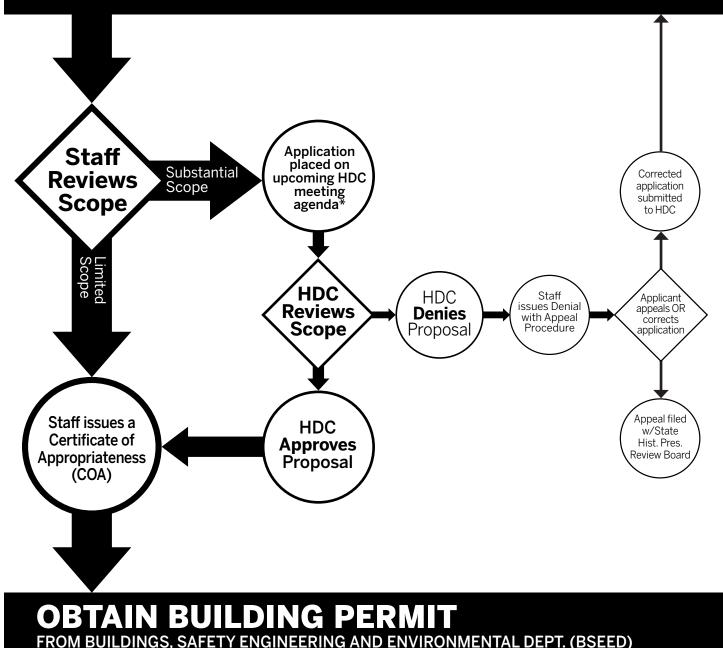
PERMIT APPLICANT SIGNATURE

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 Na	me:(Permit Applicant)	Signature			Date:	
Driver's l	_icense #:		Expiration:			
Subscribe	ed and sworn to before me this	day of	20	A.D	County, Michigan	
Signature: My Commission Expires:						
	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 co	mpleted online. V	isit detroitmi.g	gov/bseed/elap	os for more information.	

HISTORIC DISTRICT COMMISSION REVIEW & PERMIT PROCESS

SUBMIT COMPLETE APPLICATION TO HDC STAFF



* 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**