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

HISTORIC DISTRICT COMMISSION PROJECT REVIEW REQUEST

Date: 12/08/2020

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

PROPERTY INFORMATION			
ADDRESS: 700 Seward, Detroit, MI 48202 AKA:			
HISTORIC DISTRICT: New Center Historic District			
SCOPE OF WORK: Windows/Doors Roof/Gutters/Chimney Porch/Deck New Construction Demolition Addition	Landscape/Fence/ Tree/Park Other: New Openings for HVAC		
APPLICANT IDENTIFICATION			
Property Owner/ Homeowner Contractor Tenant or Business Occupant Company Name: Company Name:	Architect/Engineer/ Consultant Hurttienne Architects		
	Ξ: <u>ΜΙ</u> ΖΙΡ: ⁴⁸²⁰¹		
	brian@cha-c.com		
PROJECT REVIEW REQUEST CHECKLIST			
Please attach the following documentation to your request:			
PLEASE KEEP FILE SIZE OF ENTIRE SUBMISSION UNDER 30MB	NOTE:		
Completed Building Permit Application (highlighted portions only)	Based on the scope of work,		
ePLANS Permit Number (only applicable if you've already applied for permits through ePLANS)	I additional documentation may I be required. I		
Photographs of ALL sides of existing building or site	See www.detroitmi.gov/hdc for scope-specific requirements.		
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 a replacementrather than repairof existing and/or construction of ne			
Detailed scope of work (formatted as bulleted list)			
Brochure/cut sheets for proposed replacement material(s) and/or proposed replacement material(s) and a proposed repla	oduct(s), as applicable		
Upon receipt of this documentation, staff will review and inform you of the next steps toward of	obtaining your building permit from the		

SUBMIT COMPLETED REQUESTS TO HDC@DETROITMI.GOV

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

Address: 700 Seward, Detroit, Mi 46202	Fl	oor:Suit	e#:Stories:
AKA:			
Parcel ID#(s):To			
Current Legal Use of Property:		Proposed Use:	
Are there any existing buildings or structure	s on this parcel?	Yes	No
PROJECT INFORMATION			
Permit Type: New Alteration	Addition	Demolition	Correct Violations
Foundation Only Change of Use			<u> </u>
Revision to Original Permit #:			
Description of Work (Describe in detail propo			
Additional HVAC unit installation openings of			
	MB	C use change	No MBC use change
Included Improvements (Check all applicable	e; these trade areas	require separate per	mit applications)
HVAC/Mechanical Electrical	Plumbing [Fire Sprinkler S	ystem Fire Alarm
Structure Type			_
New Building Existing Structure	Tenant Spa	ce Garage	Accessory Building
Other: Size of Structure	to be Demolish	ed (LxWxH)	cubic ft.
Construction involves changes to the floor p			lo
(e.g. interior demolition or construction to new walls)	_	
Use Group: Type of Constr	uction (per current	: MI Bldg Code Table	601)
Estimated Cost of Construction \$		\$	
Structure Use	By Contractor		By Department
Residential-Number of Units: Office	-Gross Floor Area _	Industr	rial-Gross Floor Area
Commercial-Gross Floor Area: Institu	tional-Gross Floor A	Area Oth	er-Gross Floor Area
Proposed No. of Employees: List materia	ls to be stored in th	e building:	
PLOT PLAN SHALL BE submitted on separate			
(must be correct and in detail). SHOW ALL strexisting and proposed distances to lot lines. (_		•
For Buildin	g Department l	Jse Only	
Intake By:	<u> </u>		DngBld? No
Permit Description:		_	
Current Legal Land Use:	Pro	posed Use:	
Permit#: Date Perm			
Lots Combined? Yes N			
Revised Cost (revised permit applications only)	Old \$	New	\$
Structural:	Date:	Notes:	

Permit #:

Address:	City.		State:	ZIP.	
Phone: 248-258-6002	Mobi	Mobile: 248-867-4406			
Driver's License #:	Email:	klowand@lowandbuilding.com			
Contractor Contractor is Permit					
Representative Name:	Co	mpany Nam	e:		
Address:	City:		State:	Zip:	
Phone: Mobile:		Email:			
City of Detroit License #:					
TENANT OR BUSINESS OCCUPAN	JT Te	nant is Permit	: Applicant		
Name: Phone:	_	Email:			
ARCHITECT/ENGINEER/CONSULT	TANT A	rchitect/Engir	neer/Consultant	is Permit Applicant	
Name: Brian Hurttienne Stat	e Registration	#: 33302	Expiration	on Date: 11/2022	
Name: Brian Hurttienne State Address: 2111 Woodward, Suite 201 Phone: 313-825-2005 Mobile: 313	City:	Detroit	State: MI	Zip: 48201	
Phone: 313-825-2005 Mobile: 313	3-850-6689 ————	Email:	brian@cha-c.	com	
HOMEOWNER AFFIDAVIT (On					
on this permit application shall be complete requirements of the City of Detroit and take inspections related to the installation/work other person, firm or corporation any portion	e full responsik herein describ	oility for all co ed. I shall ne	ode compliance of the state of states	e, fees and sub-contract to any	
Print Name: (Homeowner)	Signature:			Date:	
Subscribed and sworn to before me this	day of	20 <i>A</i>	A.D	County, Michigan	
Signature: (Notary Public)		My Comr	nission Expires	s:	
(Notary Public)					
PERMIT A	APPLICANT S	SIGNATURE			
I hereby certify that the information on this restrictions that may apply to this construction certify that the proposed work is authorize to make this application as the property of all applicable laws and ordinances of jurisd inspections are requested and conducted the previous inspection and that expired	tion and am a d by the owne wner(s) author diction. I am a d within 180	ware of my rer of the recoized agent. Find the ware that a days of the	esponsibility to ord and I have Further I agree permit will ex	hereunder. I been authorized to conform to cpire when no	
Print Name: Brian Hurttienne (Permit Applicant)	Signature:			Date:	
	_				
Driver's License #:			-		
Subscribed and sworn to before me this					
Signature: (Notary Public)	IVIy Cor	nmission Exp	oires:		

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

HISTORIC DISTRICT COMMISSION REVIEW & PERMIT PROCESS

SUBMIT **COMPLETE APPLICATION** TO HDC STAFF **Application Staff** placed on Substantial Corrected **Reviews** upcoming HDC application Scope meeting Scope submitted agenda³ to HDC **HDC HDC** Staff **Applicant** issues Denial appeals OR Reviews **Denies** with Appeal corrects Scope Proposal Procedure application Appeal filed Staff issues a **HDC** w/State Certificate of **Approves** Hist. Pres. **Appropriateness** Review Board **Proposal** (COA)

OBTAIN BUILDING PERMIT

FROM BUILDINGS, SAFETY ENGINEERING AND ENVIRONMENTAL DEPT. (BSEED)

* 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