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:	12/	27	/20	20

PROPERTY INFORMA	TION		
ADDRESS:		AKA:	
HISTORIC DISTRICT:			
(Check ALL that apply)	ows/ s Roof/Gutters/ Chimney truction Demolition		Landscape/Fence/ General Tree/Park Rehab
APPLICANT IDENTIF	CATION		
Property Owner/ Homeowner	Contractor	Tenant or Business Occupant	Architect/Engineer/ Consultant
NAME:	COMPA	NY NAME:	
ADDRESS:	CITY:	STATE	: ZIP:
PHONE:	MOBILE:	EMAIL	:
PROJECT REVIEW RE			
Please attach the following of *PLEASE KEEP FILE SIZE OF	locumentation to your requ		
Completed Building P	ermit Application (highlig	hted portions only)	Based on the scope of work,
	ber (only applicable if you'v	e already applied	additional documentation maybe required.
for permits through eP	LANS) des of existing building or s	ite	See www.detroitmi.gov/hdc for scope-specific requirements.
	of location of proposed wo		
	xisting condition(s), design,		
Description of existing	g conditions (including ma	iterials and design)	
	: (if replacing any existing n an repairof existing and/c		
Detailed scope of wor	k (formatted as bulleted lis	t)	

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 INFORMATION	J			
Address:		Floor:	Suite	#:Stories:
AKA:	Lot(s):	Subdiv	vision:
Parcel ID#(s):				
Current Legal Use of Property:		_ Proposed	Use:	
Are there any existing buildings of	or structures on this parce	el?] Yes	No No
PROJECT INFORMATION				
Permit Type: New	Alteration Additio	n 🗌 De	molition	Correct Violatior
Foundation Only Chang	ge of Use Tempora	iry Use	Other:	
Revision to Original Permit #:				
Description of Work (Describe in				
	N	1BC use cha	inge	No MBC use change
Included Improvements (Check	all applicable; these trade ar	eas require se	parate pern	nit applications)
HVAC/Mechanical Elec	ctrical 🗌 Plumbing	Fire Sp	orinkler Sy	vstem 🗌 Fire Alar
Structure Type				
New Building Existing	Structure Tenant S	pace	Garage/	Accessory Building
Other: Size of	of Structure to be Demol	ished (LxW)	(H)	cubic f
Construction involves changes to	-		_	
(e.g. interior demolition or construction	· E			
Use Group: Type		ent MI Bldg C	ode Table 6	501)
Estimated Cost of Construction				
6	Ψ			
Structure Use	By Contractor			By Department
Structure Use	_			
Structure Use Residential-Number of Units:	Office-Gross Floor Are	a	Industri	al-Gross Floor Area
Structure Use	_ Office-Gross Floor Are	a or Area	Industri	al-Gross Floor Area r-Gross Floor Area
Residential-Number of Units: Commercial-Gross Floor Area:	_ Office-Gross Floor Are _ Institutional-Gross Floo _ List materials to be stored in	a or Area n the building	Industri	al-Gross Floor Area r-Gross Floor Area
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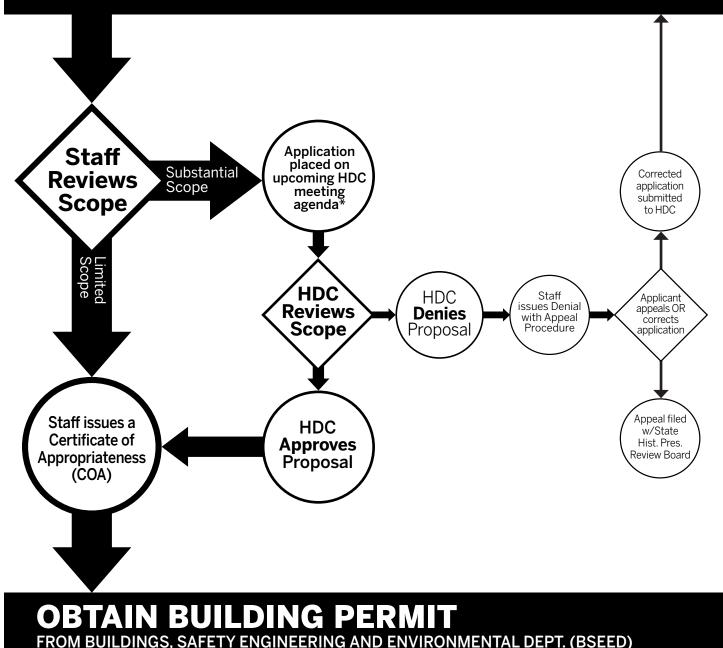


IDENTIFICATION (All Fields Required)

Name: Robert Knapp				Compan	y Name:				
Address: 4221 Cass	Ave Apt 300			City: Detr		State:	МІ	Zip:	48201
Phone: 586-709-1473				Mobile:	586-709-1473			_	
Driver's License #:	K5107	45 067 648			RobertAKnappJr@	gmail.com			
Contractor		ractor is Perr	mit Applic			-			
Representative Na					any Name				
Address:				<u>City:</u>		· State:		Zip:	
Phone: (734) 464-3	3800	Mobile:	(248) 504-8		Email:			<u>- רי</u> רי	
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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**