# HISTORIC DISTRICT COMMISSION PROJECT REVIEW REQUEST

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

2 WOODWARD AVENUE, ROOM 808	DATE:						
PROPERTY INFORMATION							
ADDRESS:	AKA:						
HISTORIC DISTRICT:							
SCOPE OF WORK: Windows/ (Check ALL that apply) Windows/	Roof/Gutters/ Porch/ Chimney Deck	Landscape/Fence/ General Rehab					
New Construction	Demolition Addition	Other:					
APPLICANT IDENTIFICATIO	N						
Property Owner/ Con	tractor Tenant or Business Occu	Architect/Engineer/ Consultant					
NAME:	COMPANY NAME:						
ADDRESS:	CITY:	STATE: ZIP:					
PHONE: MOE	HONE: MOBILE: EMAIL:						
PROJECT REVIEW REQUEST	CHECKLIST						
Please attach the following documer	ntation to your request:						
*PLEASE KEEP FILE SIZE OF ENTIRE		NOTE:					
Completed Building Permit A	Dnly)  Based on the scope of work,  additional documentation may						
ePLANS Permit Number (only for permits through ePLANS)	ed be required.						
Photographs of ALL sides of ex	See www.detroitmi.gov/hdc for scope-specific requirements.						
Detailed photographs of locat (photographs to show existing co	ion of proposed work ondition(s), design, color, & materia	al)					
Description of existing condit	tions (including materials and des	sign)					
	acing any existing material(s), incl rof existing and/or construction						
Detailed scope of work (formation)	atted 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 INFORMATION			
Address:	Flo	oor:Suite	#:Stories:
AKA:			
Parcel ID#(s):			
Current Legal Use of Property:	F	Proposed Use:	
Are there any existing buildings o			
PROJECT INFORMATION			
Permit Type:	Alteration Addition	Demolition	Correct Violation
Foundation Only Change	_		<del></del>
Revision to Original Permit #:	<del></del>	<del></del>	
Description of Work (Describe in			
Description of Work		, je v o je o v ojy a ood oo v v o v	
	☐ MBC	use change	No MBC use change
Included Improvements (Check	all applicable; these trade areas	require separate perm	nit applications)
HVAC/Mechanical Elec	trical Plumbing	Fire Sprinkler Sy	stem Fire Alarn
Structure Type		_ , ,	Ш
New Building Existing S	tructure Tenant Spac	ce Garage/	Accessorv Buildina
Other: Size o	<del></del> ·		
Construction involves changes to			
(e.g. interior demolition or construction t	•		,
Use Group: Type		MI Bldg Code Table 6	501)
Estimated Cost of Construction			
Structure Use	\$By Contractor	¥	By Department
Residential-Number of Units:	Office Gross Floor Area	Industria	al-Gross Floor Area
Commercial-Gross Floor Area:			
Proposed No. of Employees:	- <del></del>		
PLOT PLAN SHALL BE submitted o			
(must be correct and in detail). SHO	DW ALL streets abutting lot,	indicate front of lo	ot, show all buildings,
existing and proposed distances to			on Next Page)
	or Building Department U		
Intake By:	Date:	Fees Due:	DngBld?  No
Permit Description:			
Current Legal Land Use:	Prop	oosed Use:	
Permit#:I	Date Permit Issued:	Permit Cos	t: \$
Zoning District:	Zoning G	rant(s):	
Lots Combined? Yes	No (attach zoning c	learance)	
Revised Cost (revised permit applicate	tions only) Old \$	New \$	<u> </u>
Structural:	Date:	Notes:	
Zoning:	Date:	Notes:	
Other:	Date:		

IDENTIFICATIO	(All Fields Requi	ired)			
<b>Property Owner/</b>	Homeowner	Property Ow	ner/Homeowne	er is Permit	Applicant
Name:		Com	pany Name:		
Address:		City:		State:	Zip:
Phone:		Mob	ile:		
Contractor	Contractor is Perm				
Representative Na	me:	Сс	mpany Name:		
Address:		City:		State:	Zip:
Phone:	Mobile:		Email:		
City of Detroit Lice	ense #:				
	USINESS OCCUPA				
Name:	Phone:		Email:		
ADCHITECT/EN	NGINEER/CONSU	ITANIT   /	\rchitect/Engines	er/Consultan	t is Parmit Applicant
	St				
	NA 1.1				
Pnone:	Mobile:		Email:		
on this permit appl requirements of the inspections related	t I am the legal owner a lication shall be comple e City of Detroit and ta I to the installation/wor or corporation any por	eted by me. I ar ake full responsil rk herein descrik	n familiar with t bility for all codo ped. I shall neith	he applicab e compliand ner hire nor	le codes and ce, fees and sub-contract to any
·					
Time realite.	(Homeowner)				_ Date.
	rn to before me this				
Signature:	(Notary Public)		My Commis	ssion Expire	s:
	PERMI	T APPLICANT	SIGNATURE		
restrictions that macertify that the proto make this applicable laws inspections are re	at the information on the ay apply to this construction of the property and ordinances of jurice quested and conducted that expire ection and that expire the property and conducted the conducted that expire ection and that expire the conducted that expire ection and that expire the conducted that expire ection and that expire the conducted the conducted that expire the conducted the conducted the conducted the conducted that expire the conducted the	uction and am a zed by the own owner(s) author isdiction. I am a ted within 180	aware of my res er of the record rized agent. Fur aware that a pe days of the da	ponsibility t I and I have ther I agree ermit will e	thereunder. I been authorized to conform to <b>xpire when no</b>
Print Name:	(Permit Applicant)	Signature:	too		
Driver's License #:		Ex	piration:		
Subscribed and swo	rn to before me this	day of	20A.D	·	County, Michigan
Signature:	(Notary Public)	My Co	mmission Expir	es:	
	23a of the state cons				

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 for more information.



## 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 agenda<sup>3</sup> 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