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

HISTORIC DISTRICT COMMISSION PROJECT REVIEW REQUEST

City of Detroit - Planning & Development Departmen 2 Woodward Avenue, Suite 808 Detroit, Michigan 48226	t Date:
PROPERTY INFORMATION	
ADDRESS: 444 Watson (ALSO 432 WATSO	AKA: Brush Watson/Urban Studios Midblok
HISTORIC DISTRICT: Brush Park Historic Distri	ct
SCOPE OF WORK: Windows/ (Check ALL that apply) Windows/ Doors Roof/Gu	
New Construction Demoliti	on Addition Other:
APPLICANT IDENTIFICATION	
Property Owner/ Homeowner Contractor	Tenant or Architect/Engineer/ Business Occupant Consultant OMPANY NAME: American Community Developers, Inc.
ADDRESS: 20250 Harper Avenue CIT	
PHONE: 313-881-8150 MOBILE: 313-53	
PROJECT REVIEW REQUEST CHECKLI	
Please attach the following documentation to you *PLEASE KEEP FILE SIZE OF ENTIRE SUBMISSION	UNDER 30MB*
Completed Building Permit Application (h	ighlighted portions only)
ePLANS Permit Number (only applicable if	you've already applied additional documentation may be required.
for permits through ePLANS) BLD2020 Photographs of ALL sides of existing buildin	I See www.detroitini.gov/ndcfor [
Detailed photographs of location of propos (photographs to show existing condition(s), de	
Description of existing conditions (includi	ng materials and design)
Description of project (if replacing any existing replacementrather than repairof existing	ting material(s), include an explanation as to why and/or construction of new is required)
Detailed scope of work (formatted as bulle	ted list)
Brochure/cut sheets for proposed replacer	nent material(s) and/or product(s), as applicable
In an experient of this documentation, shaff will explore and infor	moves of the next steps toward obtaining your building powerit from the

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

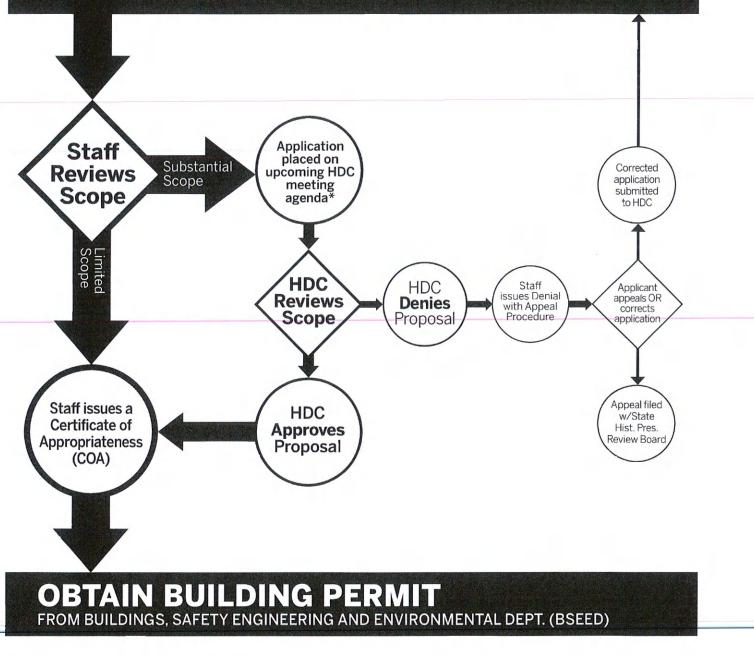
		Date:
PROPERTY INFORMATIO		
		Suite#:Stories:
		Subdivision:
Parcel ID#(s):	Total Acres: Lot	Width: Lot Depth:
Current Legal Use of Property: _	Propos	ed Use:
Are there any existing buildings	or structures on this parcel?	Yes No
PROJECT INFORMATION		
Permit Type: New	Alteration Addition	Demolition Correct Violations
Foundation Only Chan	ge of Use Temporary Use	Other:
		nal permit has been issued and is active)
Description of Work (Describe	n detail proposed work and use of proper	ty, attach work list)
Construction of new mixed income	e apartment buildings. Foundation page	ckage permit: BLD 2020-00875
	MBC use c	hange 🗌 No MBC use change
Included Improvements (Chec	k all applicable; these trade areas require	separate permit applications)
HVAC/Mechanical Ele	ectrical Plumbing Fire	Sprinkler System 🔲 Fire Alarm
Structure Type		
New Building Existing	Structure Tenant Space	Garage/Accessory Building
Other: Size	of Structure to be Demolished (Lx\	
Construction involves changes to	o the floor plan? Yes	N₀
(e.g. interior demolition or construction	to new walls)	
Use Group: Typ	e of Construction (per current MI Bldg	(Code Table 601)
Estimated Cost of Construction	n \$ By Contractor	\$By Department
Structure Use	By Contractor	By Department
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 buildir	ng:
(must be correct and in detail). SH existing and proposed distances t	on separate sheets and shall show a IOW ALL streets abutting lot, indica o lot lines. (Building Permit Applicatio	te front of lot, show all buildings, on Continues on Next Page)
	For Building Department Use On	
	Date: Fee	
Permit Description:		
Current Logal Land Llog	Proposed	
	Proposed	
	Date Permit Issued:	
	Zoning Grant(s)	
	No (attach zoning clearance	
	ations only) Old \$	
here and the second s	Date: N	lotes:
Structural:		
Zoning: 	Date:N	lotes:

ing by send

Property Ov	CATION (All Field wner/Homeowner		y Owner/Homeo	wner is Permit /	Applicant	
Name: Mich			Company Name			
Address: 20	250 Harper Aven		City: Detroit			
Phone: 313-	-881-8150		Mobile: 313-539			
Driver's Licer	nse #: E250 603 13	39 645 E	mail: mike@aco	imail.com		
Contractor	Contracto	r is Permit Applicar	nt			
Representati	ve Name: Bill Purs	ifull	Company Nan	ne: St. Clair Cor	struction Compan	у
Address: 20	250 Harper Aven	ue C	ity: Detroit	State: M	Zip: 48225	_
Phone: 313-	881-8150	lobile: 616-291-29	66 Email:	bill@acdmail.c	com	
City of Detro	bit License #:					_
TENANT	OR BUSINESS O	CCUPANT	Tenant is Perm	it Applicant		
Name: n/a		Phone:	Emai	l:		
ARCHITEC	T/ENGINEER/C	ONSULTANT	Architect/Eng	ineer/Consultant	is Permit Applican	t
Name: OOM		and the second se			n Date: 02/09/2	
Address: 91	5 Spring Street, #					
Phone: 267-	-741-0007	10bile: 313-378-26	653 Emai	<mark>l:</mark> ajreilly@oon	nbra.com	
НО	MEOWNER AFFID	OAVIT (Only required	for residential pern	nits obtained by ho	omeowner.)	
requirements inspections re	it application shall be of the City of Detro elated to the installa	it and take full resp tion/work herein de	onsibility for all o escribed. I shall n	ode compliance either hire nor s	e codes and e, fees and ub-contract to an	
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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