

IDENTIFICATION (All Fields Required)

Property Owner/Homeowner

Property Owner/Homeowner is Permit Applicant

Name: Scot Turnbull

Company Name: 1627 Leverette Apartments

Address: 17650 West 12 Mile Rd.

City: Southfield State: Mi Zip: 4807

Phone: _____

Mobile: 248-722-8230

Driver's License #: _____

Email: cynexinc@gmail.com

Contractor

Contractor is Permit Applicant

Representative Name: Scot Turnbull

Company Name: Cynex Enterprises, Inc

Address: 17650 West 12 Mile Rd.

City: Southfield State: Mi Zip: 4807

Phone: _____

Mobile: 248-722-8230

Email: cynexinc@gmail.com

City of Detroit License #: _____

TENANT OR BUSINESS OCCUPANT

Tenant is Permit Applicant

Name: _____

Phone: _____

Email: _____

ARCHITECT/ENGINEER/CONSULTANT

Architect/Engineer/Consultant is Permit Applicant

Name: KM Consulting

State Registration#: 38500

Expiration Date: Nov.

Address: 17245 Woodbine

City: Detroit

State: Mi Zip: 4821

Phone: 313-727-8941

Mobile: 313-926-1163

Email: moody48219@gmail.com

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 other person, firm or corporation any portion of the work covered by this building permit.

Print Name: _____

Ken Moody
(Homeowner)

Signature: _____

KEN MOODY

Date: _____

Subscribed and sworn to before me this _____ day of _____

20 _____

A.D.

County, Michigan

Signature: _____

My Commission Expires: _____

(Notary Public)

PERMIT APPLICANT SIGNATURE

I hereby certify that the information on this application is true and correct. I have reviewed all applicable restrictions that may apply to this construction and am aware of my responsibility thereunder. I hereby 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**

HISTORIC DISTRICT COMMISSION PROJECT REVIEW REQUEST

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

Date: March 4, 2021

PROPERTY INFORMATION

ADDRESS: 1627 Leverette AKA: _____

HISTORIC DISTRICT: Corktown

SCOPE OF WORK: (Check ALL that apply)
 Windows/Doors Roof/Gutters/Chimney Porch/Deck Landscape/Fence/Tree/Park General Rehab
 New Construction Demolition Addition Other: Car Ports

APPLICANT IDENTIFICATION

Property Owner/Homeowner Contractor Tenant or Business Occupant Architect/Engineer/Consultant

NAME: Scot Turnbull COMPANY NAME: 1627 Leverette Apartments, LLC

ADDRESS: 1627 Leverette CITY: Southfield STATE: Mi ZIP: _____

PHONE: _____ MOBILE: 248-722-8230 EMAIL: cynexinc@gmail.com

PROJECT REVIEW REQUEST 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)
- ePLANS Permit Number** (only applicable if you've already applied for permits through ePLANS)
- 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

NOTE:
Based on the scope of work, additional documentation may be required.
See www.detroitmi.gov/hdc for scope-specific requirements.

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: March 4,

PROPERTY INFORMATION

Address: 1627 Leverette Floor: 1 Suite#: 1-7 Stories: 2

AKA: _____ Lot(s): _____ Subdivision: _____

Parcel ID#(s): _____ Total Acres: _____ Lot Width: _____ Lot Depth: _____

Current Legal Use of Property: Residential (Townhouses) Proposed Use: Residential (Townhouses)

Are there any existing buildings or structures on this parcel? Yes No

PROJECT INFORMATION

Permit Type: New Alteration Addition Demolition Correct Violation

Foundation Only Change of Use Temporary Use Other: Car Ports

Revision to Original Permit #: _____ (Original permit has been issued and is in effect)

Description of Work (Describe in detail proposed work and use of property, attach work list)

Interior & exterior renovations. New plumbing, heating, electrical and interior finishes. Replace windows and rear doors, repair front parapet;

rebuild front porch, repair structural damage as required, install new kitchens, baths & laundry

MBC use change No MBC use change

Included Improvements (Check all applicable; these trade areas require separate permit applications)

HVAC/Mechanical Electrical Plumbing Fire Sprinkler System Fire Alarm

Structure Type

New Building Existing Structure Tenant Space Garage/Accessory Building

Other: _____ Size of Structure to be Demolished (LxWxH) _____ cubic feet

Construction involves changes to the floor plan? Yes No

(e.g. interior demolition or construction to new walls)

Use Group: R2 Type of Construction (per current MI Bldg Code Table 601) IIIB

Estimated Cost of Construction \$ 650,000.00 By Contractor \$ _____ By Department

Structure Use

Residential-Number of Units: 7 Office-Gross Floor Area _____ Industrial-Gross Floor Area _____

Commercial-Gross Floor Area: _____ Institutional-Gross Floor Area _____ Other-Gross Floor Area _____

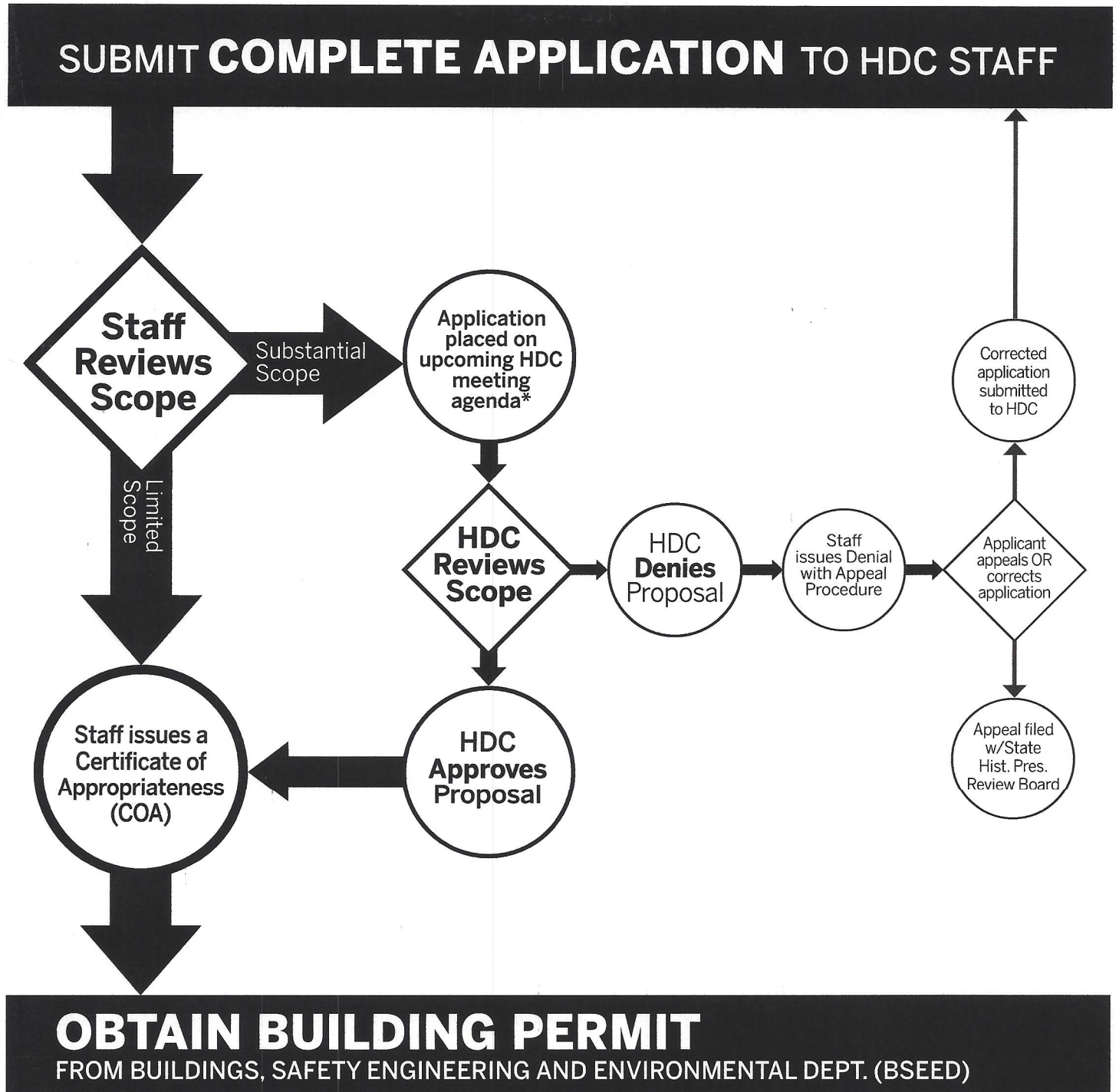
Proposed No. of Employees: _____ List materials to be stored in the building: _____

PLOT PLAN SHALL BE submitted on separate sheets and shall show all easements and measurements (must be correct and in detail). SHOW ALL streets abutting lot, indicate front of lot, show all buildings existing and proposed distances to lot lines. (Building Permit Application Continues on Next Page)

For Building Department Use Only

Intake By: _____ Date: _____ Fees Due: _____ DngBld?

HISTORIC DISTRICT COMMISSION REVIEW & PERMIT PROCESS



* THE COMMISSION MEETS REGULARLY 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