

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: \_\_\_\_\_

## PROPERTY INFORMATION

ADDRESS(ES): 240 mack avenue AKA: \_\_\_\_\_

PARCEL ID: \_\_\_\_\_ HISTORIC DISTRICT: \_\_\_\_\_

SCOPE OF WORK: (Check ALL that apply)

<input checked="" type="checkbox"/> Windows/ Doors	<input checked="" type="checkbox"/> Walls/ Siding	<input type="checkbox"/> Painting	<input checked="" type="checkbox"/> Roof/Gutters/ Chimney	<input type="checkbox"/> Porch/Deck/ Balcony	<input type="checkbox"/> Addition
<input type="checkbox"/> Demolition	<input type="checkbox"/> Signage	<input checked="" type="checkbox"/> New Building	<input type="checkbox"/> Major Alteration <i>(3+ scope items)</i>	<input type="checkbox"/> Site Improvements <i>(landscape, trees, fences, patios, etc.)</i>	

BRIEF PROJECT DESCRIPTION: renovation of an existing multifamily residential building including the a renovation of an existing multifamily residential building including the addition of 4 additional units on

## APPLICANT IDENTIFICATION

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

NAME: james korf COMPANY NAME: composition workshop in

ADDRESS: 800 junction st CITY: plymouth STATE: mi ZIP: 48170

PHONE: \_\_\_\_\_ MOBILE: 313-478-1547 EMAIL: jkorf@cmpworkshop.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](http://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 (BSE&ED) to perform the work.

**SUBMIT COMPLETED REQUESTS TO: [HDC@DETROITMI.GOV](mailto:HDC@DETROITMI.GOV)**

# P2 - BUILDING PERMIT APPLICATION

Date: \_\_\_\_\_

## PROPERTY INFORMATION

Address: 240 mack avenue Floor: \_\_\_\_\_ Suite#: \_\_\_\_\_ Stories: \_\_\_\_\_

AKA: \_\_\_\_\_ Lot(s): \_\_\_\_\_ Subdivision: \_\_\_\_\_

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

Current Legal Use of Property: \_\_\_\_\_ Proposed 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  Change of Use  Temporary Use  Other: \_\_\_\_\_

Revision to Original Permit #: \_\_\_\_\_ (Original permit has been issued and is active)

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

see attached description and drawings

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 ft.

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) 5b

Estimated Cost of Construction \$ 1.5million By Contractor \$ \_\_\_\_\_ By Department

### Structure Use

Residential-Number of Units: 21  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?  No

Permit Description: \_\_\_\_\_

Permit #:

Current Legal Land Use: \_\_\_\_\_ Proposed Use: \_\_\_\_\_

Permit#: \_\_\_\_\_ Date Permit Issued: \_\_\_\_\_ Permit Cost: \$ \_\_\_\_\_

Zoning District: \_\_\_\_\_ Zoning Grant(s): \_\_\_\_\_

Lots Combined?  Yes  No (attach zoning clearance)

Revised Cost (revised permit applications only) Old \$ \_\_\_\_\_ New \$ \_\_\_\_\_

Structural: \_\_\_\_\_ Date: \_\_\_\_\_ Notes: \_\_\_\_\_

Zoning: \_\_\_\_\_ Date: \_\_\_\_\_ Notes: \_\_\_\_\_

Other: \_\_\_\_\_ Date: \_\_\_\_\_ Notes: \_\_\_\_\_



**IDENTIFICATION** (All Fields Required)**Property Owner/Homeowner**  Property Owner/Homeowner is Permit ApplicantName: elliott blumenkehl Company Name: blue realtyAddress: 25900 greenfield, suite 403 City: oak park State: mi Zip: 48075Phone: 248-905-3700 Mobile: \_\_\_\_\_Driver's License #: \_\_\_\_\_ Email: eblumenkehl@gmail.com**Contractor**  Contractor is Permit ApplicantRepresentative Name: doug holt Company Name: sachse constructionAddress: 3663 woodward, suite 500 City: detroit State: mi Zip: 48201Phone: 313-481-8236 Mobile: \_\_\_\_\_ Email: dholt@sachse.netCity of Detroit License #: 2120115879**TENANT OR BUSINESS OCCUPANT**  Tenant is Permit Applicant

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**ARCHITECT/ENGINEER/CONSULTANT**  Architect/Engineer/Consultant is Permit ApplicantName: james korf State Registration#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_Address: 800 junction st City: plymouth State: mi Zip: 48170Phone: \_\_\_\_\_ Mobile: 313-478-1547 Email: jkorf@cmpworkshop.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 any other person, firm or corporation any portion of the work covered by this building permit.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Homeowner)

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 deed restrictions that may apply to this construction and am aware of my responsibility thereunder. I 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 the previous inspection and that expired permits cannot be**

Print Name: james korf Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Permit Applicant)Driver's License #: k610367261374 Expiration: 05-17-22

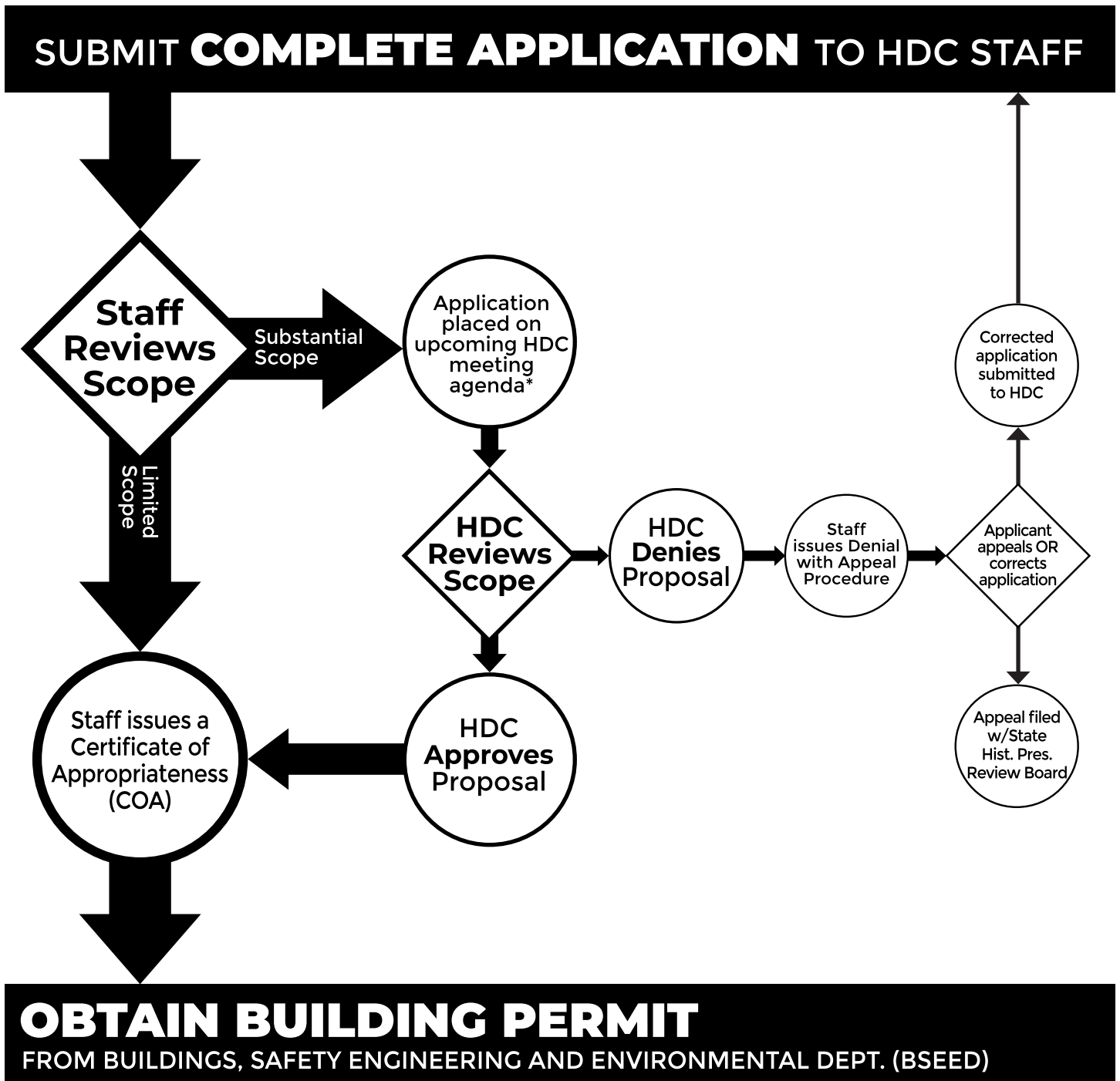
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ A.D. \_\_\_\_\_ County, Michigan

Signature: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_  
(Notary Public)

**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 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](http://detroitmi.gov/bseed/elaps) for more information.

# HISTORIC DISTRICT COMMISSION REVIEW & PERMIT PROCESS



\* 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](http://www.detroitmi.gov/hdc)