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: 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 Application (highlighted portions only) Based on the scope of wo						
ePLANS Permit Number (only applicable if you've already applied for permits through ePLANS) additional documentation representation in the desired of the desired in the desired of the d						
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	_		
Revision to Original Permit #:			
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	 ·		
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:	- 		
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	N (All Fields Requ	ired)			
Property Owner/H	lomeowner	Property C	wner/Hom	eowner is Permit	: Applicant
Name:		Co	mpany Nar	me:	
Address:		City	:	State:	Zip:
Phone:		Mo	bile:		
Contractor	Contractor is Perm				
Representative Nan	me:	(Company N	lame:	
Address:		City)	State:	Zip:
Phone:	Mobile:		Ema	ail:	
City of Detroit Licer	nse #:				
			T		
	JSINESS OCCUPA	_			
Name:	Phone:		En	naii:	
ARCHITECT/EN	GINEER/CONSU	LTANT	Architect/E	ngineer/Consulta	nt is Permit Applicant
	St				
	Mobile:				
	WNER AFFIDAVIT (C				
on this permit applic requirements of the inspections related other person, firm o	I am the legal owner cation shall be completed in City of Detroit and tate to the installation/wor corporation any por	eted by me. I lke full respon k herein desc tion of the wo	am familiar sibility for a ribed. I sha ork covered	with the applical all code complian Il neither hire nor by this building	ole codes and ce, fees and sub-contract to any permit.
Print Name:	(Homeowner)	Signature:			Date:
	n to before me this				
				<u> </u>	
Jighature.	(Notary Public)			Ommission Expire	
	PERMI	T APPLICAN	T SIGNATU	JRE	
restrictions that may certify that the prop to make this applica all applicable laws a inspections are rec	the information on the spely to this construction and the property ation as the property and ordinances of juriquested and conduction and that expire	uction and am zed by the ow owner(s) auth sdiction. I am ted within 18	n aware of r vner of the orized age aware tha O days of t annot be	my responsibility record and I have nt. Further I agree at a permit will eather date of issua	thereunder. I be been authorized to conform to expire when no ance or the date of
Print Name:	(Permit Applicant)	Signature:		-14	Date:
Driver's License #:			expiration:		
Subscribed and swor	n to before me this	day of	20	A.D	County, Michigan
Signature:	(Notary Public)	IVIy C	ommission	ı Expires:	
6 6			. (40	70 407004000	NACL 405 45004

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 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 agenda³ 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