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

## HISTORIC DISTRICT COMMISSION PROJECT REVIEW REQUEST

DATE:\_

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

, <b>.</b>					
<b>PROPERTY IN</b>	FORMATION				
ADDRESS(ES):			AKA:		
PARCEL ID:		HISTORIC DI	STRICT:		
SCOPE OF WORK: (Check ALL that apply)	Windows/ Walls/ Doors Siding  Demolition Signage	Painting  New Building	Roof/Gutters/Chimney  Major Alteratior (3+ scope items)		Addition covements e, trees, fences, patios, etc.)
BRIEF PROJECT DE	SCRIPTION:				
APPLICANT I	DENTIFICATION				
Property Owner/ Homeowner	Contractor		Tenant or Business Occup	ant [	Architect/Engineer/ Consultant
NAME:		COM	IPANY NAME:		
ADDRESS:		CITY:		STATE:	ZIP:
PHONE:	MOBILE:		EM	AIL:	
	IEW REQUEST CH ollowing documentation		st:		
*PLEASE KEEP FILE S	IZE OF <u>ENTIRE</u> SUBMISSIO	N UNDER 30M	B*	NO	
ePLANS Permit Number (only applicable if you've already applied  lead lead lead					on the scope of work, onal documentation may
for permits through ePLANS)  Photographs of ALL sides of existing building or site    be required.     See www.detroitmi.gov,     scope-specific requirem					w.detroitmi.gov/hdc for
Detailed photo	ographs of location of properties of show existing condition(	oposed work	r, & material)		
Description of	existing conditions (inc	cluding mater	ials and design)		
	f <b>project</b> (if replacing any rather than repairof exis				
Detailed scope	<b>e of work</b> (formatted as k	oulleted list)			
Brochure/cut	sheets for proposed repl	acement mat	erial(s) and/or pr	oduct(s), as a	pplicable
Upon receipt of this d	Accumentation staff will rev	viow and inform	n vou of the next	stone toward	obtaining your building

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 (BSEtED) to perform the work.

SUBMIT COMPLETED REQUESTS TO: HDC@DETROITMI.GOV