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

HISTORIC DISTRICT COMMISSION PROJECT REVIEW REQUEST

Date:

General

Rehab

Based on the scope of work, additional documentation may

See www.detroitmi.gov/hdc for scope-specific requirements.

I be required.

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

PROPERTY INFORMATION

PROPERTY INFORMATION			
ADDRESS:		AKA:	
HISTORIC DISTRICT:			
SCOPE OF WORK: Windows/ (Check ALL that apply) Windows/	Roof/Gutters/ Chimney	Porch/ Deck	Landscape/Fence/ Tree/Park
New Construction	Demolition	Addition	Other:

PPLICANT IDENTIFICATION

Property Owner/ Homeowner	Contractor	Tenant or Business O	ccupant	Architect/Engir	neer/
NAME:		COMPANY NAME:_			
ADDRESS:		CITY:	STATE:	ZIP:	
PHONE:	MOBILE:		_ EMAIL:		
PROJECT REVIEW	REQUEST CHEC	KLIST			
Please attach the followir	0	-			
PLEASE KEEP FILE SIZE	OF ENTIRE SUBMIS	SION UNDER 30MB		NOTE:	

······································		Completed Building Permit Application	(highlighted portions only)
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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

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

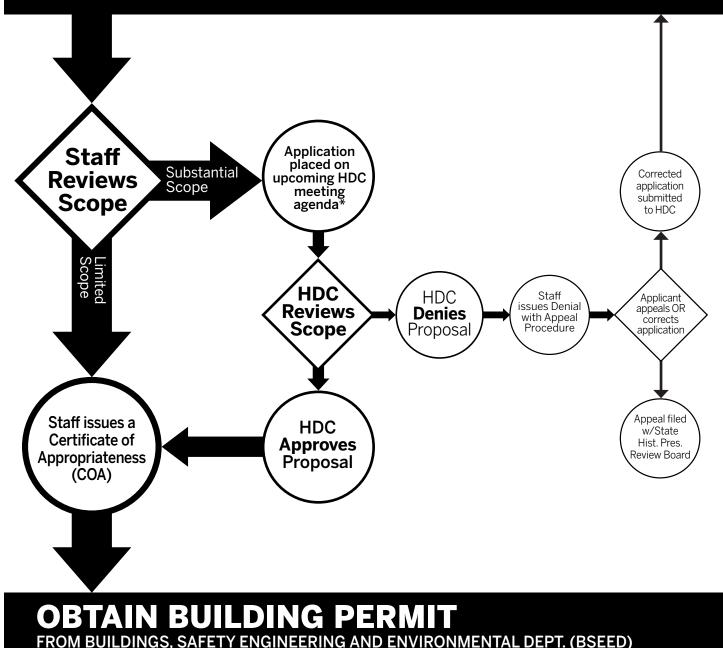
P2 - BUILDING PERMIT APPLICATION

PROPERTY INFORMATION	N		
Address:		Floor:Su	ite#:Stories:
АКА:			
Parcel ID#(s):			
Current Legal Use of Property: _		_ Proposed Use: _	
Are there any existing buildings	or structures on this parce	el? Yes	No No
PROJECT INFORMATION			
Permit Type: New	Alteration Addition	n Demolitio	n Correct Violatior
Foundation Only Chan			
Revision to Original Permit #:			
Description of Work (Describe i			
Description of Work			
		IBC use change [No MBC use change
Included Improvements (Chec	k all applicable; these trade are	eas require separate p	ermit applications)
HVAC/Mechanical Ele	ectrical Plumbing	Fire Sprinkler	System Fire Alar
Structure Type			
New Building Existing	Structure Tenant Sp	bace 🗌 Garac	ge/Accessory Building
Other: Size			
Construction involves changes to			No
(e.g. interior demolition or constructior			
Use Group: Typ	pe of Construction (per curre	ent MI Bldg Code Tab	le 601)
Estimated Cost of Construction			
Structure Use	By Contractor		By Department
Residential-Number of Units:	Office-Gross Floor Area	a Indu	strial-Gross Floor Area
Commercial-Gross Floor Area:	Institutional-Gross Floc	or Area O	ther-Gross Floor Area
Proposed No. of Employees:			
Proposed No. of Employees: PLOT PLAN SHALL BE submitted	List materials to be stored in on separate sheets and sha	the building:	nts and measurements
Proposed No. of Employees: PLOT PLAN SHALL BE submitted (must be correct and in detail). SH	List materials to be stored in on separate sheets and sha IOW ALL streets abutting l	all show all easeme	nts and measurements f lot, show all buildings,
Proposed No. of Employees: PLOT PLAN SHALL BE submitted (must be correct and in detail). SH existing and proposed distances t	List materials to be stored in on separate sheets and sha HOW ALL streets abutting l to lot lines. (Building Permit	all show all easeme ot, indicate front o	nts and measurements f lot, show all buildings,
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Proposed No. of Employees: PLOT PLAN SHALL BE submitted (must be correct and in detail). Shexisting and proposed distances to Intake By: Intake By: Permit Description: Current Legal Land Use: Permit#: Zoning District: Lots Combined? Yes	List materials to be stored in on separate sheets and sha HOW ALL streets abutting I to lot lines. (Building Permit For Building Departmen Date: Date: P Date Permit Issued: Zoning No (attach zonin	the building: all show all easeme ot, indicate front of Application Continu t Use Only Fees Due: roposed Use: Permit C g Grant(s): ng clearance)	Cost: \$
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IDENTIFICATION (All Fields Required) Property Owner/Homeowner Property Owner/Homeowner is Permit Applicant Name: Company Name: Address: _____ City: _____ State: __Zip: _____ Mobile: Phone: Driver's License #: Email: **Contractor** Contractor is Permit Applicant Representative Name: Company Name: City: State: Zip: Address: Phone: _____ Mobile: _____ Email: _____ City of Detroit License #: TENANT OR BUSINESS OCCUPANT Name: _____ Phone: _____ Email: _____ ARCHITECT/ENGINEER/CONSULTANT Architect/Engineer/Consultant is Permit Applicant Name: State Registration#: Expiration Date: City: State: Zip: Address: Email: Mobile: Phone: 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: _____ Subscribed and sworn to before me this _____day of _____20 ____A.D. ____County, Michigan Signature: _____ My Commission Expires: ____ 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 (Permit Applicant) Print Name: Driver's License #: Expiration: Subscribed and sworn to before me this _____day of _____20 ____A.D. _____County, Michigan Signature: _____ My Commission Expires: _____ 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. P2 - BUILDING PERMIT

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**