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

HISTORIC DISTRICT COMMISSION PROJECT REVIEW REQUEST

DATE-8/31/21

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

Detroit, Micrigan 40220		
PROPERTY INFORMATION		
ADDRESS(ES): 106 & 118 E. Forest Ave. Detroit 48201 AKA:		
PARCEL ID: HISTORIC DISTRICT: SI	ıgar Hill	
SCOPE OF WORK: (Check ALL that apply) Windows/ Siding Painting Roof/Gu Chimney Demolition Signage New Building (3+ scope	Balcony teration Site Improvements (landscape, trees, fences, patios, etc.)	
BRIEF PROJECT DESCRIPTION: 7 Townhomes, 4 Flats and 1 Live/Work. 7 Townhomes, 4 Flats and 1 Live/Work.		
APPLICANT IDENTIFICATION		
Property Owner/ Homeowner Contractor Tenant or Business C NAME: Brad Rottschafer COMPANY NAI	Architect/Engineer/Consultant ME: Mosaic Properties, Inc.	
ADDRESS: 2050 Celadon Drive Ste. B CITY: Grand Rapids	STATE:MI zip: 49525	
PHONE: 616.235.0711 MOBILE: 616.340.5366	EMAIL: brad@mosaicproperties.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)	NOTE: Based on the scope of work, additional documentation may be required.	
ePLANS Permit Number (only applicable if you've already applied for permits through ePLANS)	See www.detroitmi.gov/hdc for scope- I specific requirements.	
Current Photographs: Including the front of the building & detailed photographs of the area(s) affected by the proposed work. All photographs must be labeled or captioned, e.g. "west wall", "second floor window," etc.		
Description of existing conditions (including materials and de	sign)	
Description of project (if replacing any existing material(s), include an explanation as to why replacementrather than repairof 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 (BSEtED) to perform the work.

SUBMIT COMPLETED REQUESTS TO: HDC@DETROITMI.GOV

P2 - BUILDING PERMIT APPLICATION

	Date: 8/31/21
PROPERTY INFORMATION	
Address: 106 & 118 E. Forest Ave. Detroit 48201 Floor:	Suite#: Stories:
AKA:Lot(s):	Subdivision:
Parcel ID#(s): Total Acres: L	ot Width: Lot Depth:
Current Legal Use of Property: Prop	
Are there any existing buildings or structures on this parcel?	
PROJECT INFORMATION	
Permit Type: New Alteration Addition	Demolition Correct Violation
Foundation Only Change of Use Temporary Use	
Revision to Original Permit #:(Or	
Description of Work (Describe in detail proposed work and use of propos	
Building 12 new condominiums on an abandon parking lot.	
MBC use	e change 🔲 No MBC use change
Included Improvements (Check all applicable; these trade areas requi	ire separate permit applications)
HVAC/Mechanical Electrical Plumbing Fi	re Sprinkler System
Structure Type	' , Ц
New Building Existing Structure Tenant Space	Garage/Accessory Building
Other: Size of Structure to be Demolished (L	
Construction involves changes to the floor plan?	
(e.g. interior demolition or construction to new walls)	
Use Group: Type of Construction (per current MI BI	dg Code Table 601)
Estimated Cost of Construction \$	\$\$
Structure Use By Contractor	By Department
Residential-Number of Units: 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 buil	ding:
PLOT PLAN SHALL BE submitted on separate sheets and shall show	
(must be correct and in detail). SHOW ALL streets abutting lot, indi existing and proposed distances to lot lines. (Building Permit Application)	cate front of lot, show all buildings, ation Continues on Next Page)
For Building Department Use C	
	ees Due: DngBld? No
Permit Description:	
Current Legal Land Use: Proposed	d Use:
Permit#: Date Permit Issued:	
Zoning District: Zoning Grant	
Lots Combined? Yes No (attach zoning clearar	
Revised Cost (revised permit applications only) Old \$	
Structural: Date:	
Zoning: Date:	
Other: Date:	
	·

P2 - BUILDING PERMIT

IDENTIFICATION (All Fields Required)	
Property Owner/Homeowner	operty Owner/Homeowner is Permit Applicant
	Company Name:
	City: Grand Rapids State: MI Zip: 49525
Phone: 616.235.0711	Mobile: 616.340.5366
Driver's License #: 321098040062	Email: brad@mosaicproperties.com
Contractor is Permit Ap	plicant
Representative Name: Brad Rottschafer	Company Name: Mosaic Properties, Inc
Address: 2050 Celadon Drive, NE	City: Grand Rapids State: MI Zip: 49525
Phone: 616.235.0711 Mobile: 616.3	40.5366 Email: brad@mosaicproperties.com
City of Detroit License #: ?	
TENANT OR BUSINESS OCCUPANT	Tenant is Permit Applicant
Name: Phone:	Email:
	Architect/Engineer/Consultant is Permit Applicant
Name: David Root State F	Registration#: 65066 Expiration Date: ?
Address: 6303 26 Mile Rd. Suite 100	City: Washington Twp. State: MI Zip: 48094
Phone: 313.962.4442 Mobile: 419.2	76.0921 Email: droot@giffelswebster.com
HOMEOWNER AFFIDAVIT (Only re	equired for residential permits obtained by homeowner.)
on this permit application shall be completed requirements of the City of Detroit and take fu	occupant of the subject property and the work described by me. I am familiar with the applicable codes and Il responsibility for all code compliance, fees and rein described. I shall neither hire nor sub-contract to any of the work covered by this building permit.
Print Name: Brad Rottschafer Si	gnature: Date:
Subscribed and sworn to before me this	day of 20 A.D. County Michigan
Signature:	My Commission Expires:
	PLICANT SIGNATURE
restrictions that may apply to this construction certify that the proposed work is authorized to make this application as the property owner all applicable laws and ordinances of jurisdict	oplication is true and correct. I have reviewed all deed in and am aware of my responsibility thereunder. I by the owner of the record and I have been authorized er(s) authorized agent. Further I agree to conform to ion. I am aware that a permit will expire when no within 180 days of the date of issuance or the date of ermits cannot be
Print Name: Brad Rottschafer Si	gnature: Date: 1/3/2/
(Permit Applicant)	33 2025
Driver's License #: 321098040062	Expiration: 1.23.2025
-	lay of 20 A.D County, Michigan
Signature:(Notary Public)	My Commission Expires:
Section 23a of the state construct	tion code act of 1972, 1972PA230, MCL 125.1523A,
prohibits a person from conspiri	ng to circumvent the licensing requirements of this

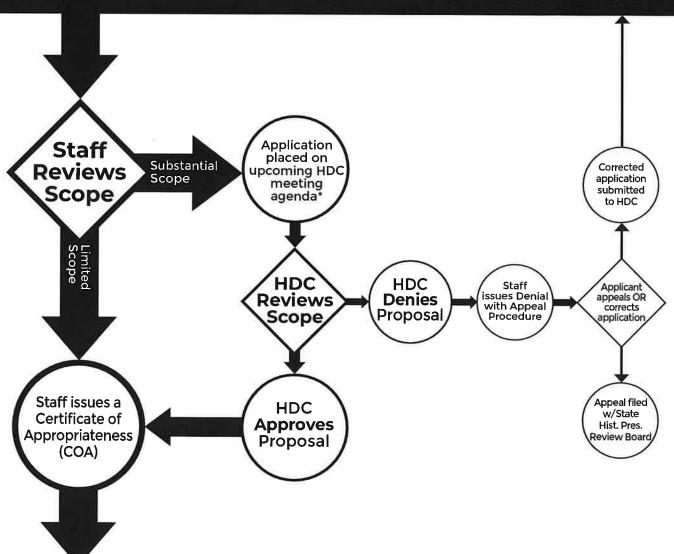
prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Visitors of Section 23a are subject to civil fines.

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



OBTAIN BUILDING PERMIT

FROM BUILDINGS, SAFETY ENGINEERING AND ENVIRONMENTAL DEPT. (BSEED)

FIND OUT MORE AT: WWW.detroitmi.gov/hdc

^{*} THE **COMMISSION MEETS REGULARY AT LEAST ONCE PER MONTH,** TYPICALLY ON THE SECOND WEDNESDAY OF THE MONTH. (SEE WEBSITE FOR MEETING SCHEDULE/AGENDAS)