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

## **PROPERTY INFORMATION**

ADDRESS(ES):		AKA:
PARCEL ID:	HISTORIC I	DISTRICT:
SCOPE OF WORK: (Check ALL that apply)	Windows/ Walls/ Painting Doors Siding Painting	Roof/Gutters/ Chimney       Porch/Deck/ Balcony       Addition         Major Alteration (3+ scope items)       Site Improvements (landscape, trees, fences, patios, etc.)
BRIEF PROJECT D	ESCRIPTION:	
APPLICANT I Property Owner Homeowner	DENTIFICATION <sup>r/</sup> Contractor	Tenant or Architect/Engineer/ Business Occupant Consultant
NAME:	co	MPANY NAME:
ADDRESS:	CITY:	STATE: ZIP:
PHONE:	MOBILE:	EMAIL:
PROJECT RE	VIEW REQUEST CHECKLIST	
*PLEASE KEEP FILE Completed B (highlighted p	ollowing documentation to your requ SIZE OF <u>ENTIRE</u> SUBMISSION UNDER 30 uilding Permit Application portions only) nit Number (only applicable if you've a	MB* Based on the scope of work, additional documentation may be required.

**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 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 (BSEtED) to perform the work.

## SUBMIT COMPLETED REQUESTS TO: HDC@DETROITMI.GOV