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

HISTORIC DISTRICT COMMISSION PROJECT REVIEW REQUEST

DATE: 5/11/7027

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

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PROPERTY INFORMATION	等等的可能(1984年)。 1984年(1984年)
ADDRESS(ES): 115 ED MUND	AKA:
PARCEL ID: 01000715 HISTORIC DI	ISTRICT: BRUSH PARK
SCOPE OF WORK: Windows/ Walls/ Siding Painting	Roof/Gutters/ Porch/Deck/ Addition Roof/Gutters/ Porch/Deck/ Balcony
Demolition Signage New Building	Major Alteration (3+ scope items) Site Improvements (landscape, trees, fences, patios, etc.)
BRIEF PROJECT DESCRIPTION: CONSTRUCTIO	ON OF PARKING LOT 9 SPACES
APPLICANT IDENTIFICATION	4.25 (m) \$19 (为4.50 m) (m) (m) (m) (m) (m) (m) (m) (m) (m)
Property Owner/ Homeowner Contractor	Tenant or Business Occupant Architect/Engineer/ Consultant
NAME: DAVID RYZYI COM	MPANY NAME: MANNIK SMITH GROUP
ADDRESS: 607 SHELBY SITE300 CITY: DET	MOIT STATE: M) ZIP: 48 ZZ6
PHONE: 313-961-9500 MOBILE: 734-790 C	0645 EMAIL: dryzyi @ manniks mitharo
PROJECT REVIEW REQUEST CHECKLIST	// .com /
Please attach the following documentation to your reque	act.
PLEASE KEEP FILE SIZE OF ENTIRE SUBMISSION UNDER 30M	AR
Completed Building Permit Application	Mannik TECHNICAL SKILL, CREATIVE SPIRIT.
(highlighted portions only) BL02022-01609	GROUP
BLD 2022 - 0/609 ePLANS Permit Number (only applicable if you've alr applied for permits through ePLANS)	David A. Ryzyi PE Director Oil & Gas Infrastructure Engineering
Current Photographs: Including the front of the build the proposed work. All photographs must be labeled or	607 Shelby St. 3rd Floor, Suite 300
Description of existing conditions (including mater	ials and design)
Description of project (if replacing any existing mate replacementrather than repairof existing and/or co	erial(s), include an explanation as to why onstruction of new is required)
Detailed scope of work (formatted as bulleted list)	
Brochure/cut sheets for proposed replacement mate	erial(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: 5/11/2022

PROPERTY INFORMATION			
Address: 115 EDMUND	Floor: _ <u></u>	Suite#:	Stories:
AKA: Total Acres	:: <u>0.112</u> Lot W	Vidth: <u>46 ′</u> L	ot Depth: <u>106</u>
Current Legal Use of Property: VA <ant open<="" th=""><th>AND Proposed</th><th>d Use: PAR</th><th>KING.</th></ant>	AND Proposed	d Use: PAR	KING.
Are there any existing buildings or structures on this	parcel?	Yes	No
PROJECT INFORMATION			
Permit Type: New Alteration Ac	ddition 🔲 De	molition 🗌	Correct Violations
Foundation Only Change of Use Ten			
Revision to Original Permit #:	(Origina	nl permit has beer	n issued and is active)
Description of Work (Describe in detail proposed work			
CONSTRUCT 9 SPACE PARKING	LOT		
	MBC use cha	ange 🔀 No	MBC use change
Included Improvements (Check all applicable; these tr	ade areas require se	parate permit ap	plications) N/A
HVAC/Mechanical Electrical Plumb	oing	orinkler System	n Fire Alarm
Structure Type N/A			
New Building Existing Structure Ten	ant Space] Garage/Acce	essory Building
Other: Size of Structure to be D	emolished (LxW	xH)	cubic ft.
Construction involves changes to the floor plan?		X No	
(e.g. interior demolition or construction to new walls)			
Use Group: No BVILDING. Type of Construction (p	er current MI Bldg (Code Table 601)	NO BUILDING.
Estimated Cost of Construction \$By Cor		\$	Department
Structure Use	tractor		Department
Residential-Number of Units: Office-Gross Flo	or Area	Industrial-Gro	oss Floor Area
Commercial-Gross Floor Area: Institutional-Gro	ss Floor Area	_ Other-Gro	ss Floor Area
Proposed No. of Employees: List materials to be st	ored in the building	· N/A	
PLOT PLAN SHALL BE submitted on separate sheets a (must be correct and in detail). SHOW ALL streets abute existing and proposed distances to lot lines. (Building)	tting lot, indicate	front of lot, sh	now all buildings,
For Building Depar	tment Use Only	1	W. 12 28 5
Intake By: Date:	Fees	Due:	DngBld? No
Permit Description:			

IDENTIFICATION (All Fields Required)					
Property Owner/Homeowner Prop	perty Owner/Homeowne	er is Permit A	pplicant		
Name:	Company Name:				
Address:	City:	State:	Zip:		
Phone:	Mobile:				
Driver's License #:	Email:				
Contractor is Permit App	licant				
Representative Name:					
Address:	City:	State:	Zip:		
Phone: Mobile:	Email:				
City of Detroit License #:					
TENANT OR BUSINESS OCCUPANT Name: Phone:					
ARCHITECT/ENGINEER/CONSULTANT Architect/Engineer/Consultant is Permit Applicant					
Name: DAVID RYZY1 State Re	gistration#: 30641	Expiratio	n Date: 2/15/23		
Address: 607 SHELBY SUITE 300	City: DETROIT	State: M	Zip: 48226		
Phone: 313-961-9500 Mobile: 734-7	900643 Email: 2	dryzyiam	anniksmithgroup		
HOMEOWNER AFFIDAVIT (Only rec					
I hereby certify that I am the legal owner and or on this permit application shall be completed be requirements of the City of Detroit and take full inspections related to the installation/work here other person, firm or corporation any portion of	ccupant of the subject pr y me. I am familiar with t responsibility for all cod in described. I shall neitl f the work covered by th	operty and the applicable compliance ner hire nor so	ne work described e codes and e, fees and ub-contract to any ermit.		
Print Name: Sig	nature:		Date:		
Subscribed and sworn to before me thisda					
Signature:	Mv Commi	ssion Expires	<u> </u>		
Signature:(Notary Public)		- 1			
	LICANIT CICALATURE				

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