

P2 - BUILDING PERMIT APPLICATION

Date: 5-16-2022

PROPERTY INFORMATION

Address: 1427 Atkinson Floor: Suite#: Stories:
AKA: Lot(s): Subdivision:
Parcel ID#(s): Total Acres: Lot Width: Lot Depth:
Current Legal Use of Property: Proposed Use:
Are there any existing buildings or structures on this parcel? Yes No

PROJECT INFORMATION

Permit Type: New Alteration Addition Demolition Correct Violations
Foundation Only Change of Use Temporary Use Other:
Revision to Original Permit #: (Original permit has been issued and is active)

Description of Work (Describe in detail proposed work and use of property, attach work list)

Remove and replace (2) windows

MBC use change No MBC use change

Included Improvements (Check all applicable; these trade areas require separate permit applications)

HVAC/Mechanical Electrical Plumbing Fire Sprinkler System Fire Alarm

Structure Type

New Building Existing Structure Tenant Space Garage/Accessory Building
Other: Size of Structure to be Demolished (LxWxH) cubic ft.

Construction involves changes to the floor plan? Yes No

(e.g. interior demolition or construction to new walls)

Use Group: Type of Construction (per current MI Bldg Code Table 601)

Estimated Cost of Construction \$ 20190.00 By Contractor By Department

Structure Use

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 building:

PLOT PLAN SHALL BE submitted on separate sheets and shall show all easements and measurements (must be correct and in detail). SHOW ALL streets abutting lot, indicate front of lot, show all buildings, existing and proposed distances to lot lines. (Building Permit Application Continues on Next Page)

For Building Department Use Only

Intake By: Date: Fees Due: DngBld? No

Permit Description:

Permit #:

Current Legal Land Use: Proposed Use:

Permit#: Date Permit Issued: Permit Cost: \$

Zoning District: Zoning Grant(s):

Lots Combined? Yes No (attach zoning clearance)

Revised Cost (revised permit applications only) Old \$ New \$

Structural: Date: Notes:

Zoning: Date: Notes:

Other: Date: Notes:



**IDENTIFICATION (All Fields Required)**

Property Owner/Homeowner  Property Owner/Homeowner is Permit Applicant

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor  Contractor is Permit Applicant

Representative Name: John McCarter Company Name: John McCarter Construction  
Address: 475 Washington City: Southfield State: MI Zip: 48178  
Phone: 248 446-1750 Mobile: \_\_\_\_\_ Email: john@johnmccarterconstruction.com  
City of Detroit License #: LIC 2018-00360

TENANT OR BUSINESS OCCUPANT  Tenant is Permit Applicant

Name: N/A Phone: \_\_\_\_\_ Email: \_\_\_\_\_

ARCHITECT/ENGINEER/CONSULTANT  Architect/Engineer/Consultant is Permit Applicant

Name: N/A State Registration#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**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: \_\_\_\_\_  
(Homeowner)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ A.D. \_\_\_\_\_ County, Michigan  
Signature: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_  
(Notary Public)

**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

Print Name: John McCarter Signature: \_\_\_\_\_ Date: 5-16-2022  
(Permit Applicant)

Driver's License #: M 263 429 660 093 Expiration: 2-4-2023  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ A.D. \_\_\_\_\_ County, Michigan  
Signature: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_  
(Notary Public)

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/bsecd/elaps](http://detroitmi.gov/bsecd/elaps) for more information.



# HISTORIC DISTRICT COMMISSION PROJECT REVIEW REQUEST

CITY OF DETROIT  
PLANNING & DEVELOPMENT DEPARTMENT  
2 WOODWARD AVENUE, ROOM 808, DETROIT, MI 48226

DATE: 5-16-2022

## PROPERTY INFORMATION

ADDRESS: 1427 Atkinson Street AKA: \_\_\_\_\_

HISTORIC DISTRICT: \_\_\_\_\_

SCOPE OF WORK: (Check ALL that apply)  
 Windows/Doors  Roof/Gutters/Chimney  Porch/Deck  Landscape/Fence/Tree/Park  General Rehab  
 New Construction  Demolition  Addition  Other: \_\_\_\_\_

## APPLICANT IDENTIFICATION

Property Owner/Homeowner  Contractor  Tenant or Business Occupant  Architect/Engineer/Consultant

NAME: John McCarter Construction COMPANY NAME: John McCarter Construction

ADDRESS: 475 Washington CITY: South Lyon STATE: MI ZIP: 48178

PHONE: 248 446-1750 MOBILE: \_\_\_\_\_ EMAIL: john@johnmccarterconstruction.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)
- 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

### NOTE:

Based on the scope of work, additional documentation may be required.

See [www.detroitmi.gov/hdc](http://www.detroitmi.gov/hdc) for scope-specific requirements.

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](mailto:HDC@DETROITMI.GOV)**

