

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

HISTORIC DISTRICT COMMISSION PROJECT REVIEW REQUEST

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

DATE: 05/10/2022

PROPERTY INFORMATION

ADDRESS(ES): 1620 ATKINSON, DETROIT, MI 48206 AKA:

PARCEL ID: HISTORIC DISTRICT: LONGFELLOW SUBDIVISION

SCOPE OF WORK: (Check ALL that apply)
 Windows/Doors Walls/Siding Painting Roof/Gutters/Chimney Porch/Deck/Balcony Addition
 Demolition Signage New Building Major Alteration (3+ scope items) Site Improvements (landscape, trees, fences, patios, etc.)

BRIEF PROJECT DESCRIPTION: Garage rebuild on site of demolished garage
Garage rebuild on site of demolished garage

APPLICANT IDENTIFICATION

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

NAME: JOHN MCGRATH COMPANY NAME: MCGRATH RESTORATION CORP., INC.

ADDRESS: 21421 HILLTOP, UNIT #19 CITY: SOUTHFIELD STATE: MI ZIP: 48033

PHONE: 248-942-3444 MOBILE: 248-763-0998 EMAIL: mrc2646@yahoo.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)
- 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

NOTE:

Based on the scope of work, additional documentation may be required.
See 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 (BSEtED) to perform the work.

SUBMIT COMPLETED REQUESTS TO: HDC@DETROITMI.GOV

P2 - BUILDING PERMIT APPLICATION

Date: 05/10/2022

PROPERTY INFORMATION

Address: 1620 ATKINSON, DETROIT, MI 48206 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)

New garage build on site of demolished damaged garage

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 \$ _____ 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: MATTHEW JACKSON Company Name: _____
Address: 1620 ATKINSON City: DETROIT State: MI Zip: 48206
Phone: 313-510-8655 Mobile: _____
Driver's License #: _____ Email: matthew_jackson76@hotmail.com

Contractor Contractor is Permit Applicant

Representative Name: JOHN MCGRATH Company Name: MCGRATH RESTORATION CORP., INC.
Address: 21421 HILLTOP, UNIT #19 City: SOUTHFIELD State: MI Zip: 48033
Phone: 248-942-3444 Mobile: 248-763-0998 Email: mrc2646@yahoo.com
City of Detroit License #: 2006-00377

TENANT OR BUSINESS OCCUPANT Tenant is Permit Applicant

Name: _____ Phone: _____ Email: _____

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

Name: ZACK M. OSTROFF & ASSOCIATES State Registration#: _____ Expiration Date: _____
Address: 2640 WATER OAKS DR City: WEST BLOOMFIELD State: MI Zip: 48324
Phone: 248-425-4190 Mobile: _____ Email: zack@zoarchitecture.com

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 MCGRATH Signature: *John McGrath* Date: 05/10/2022
(Permit Applicant)

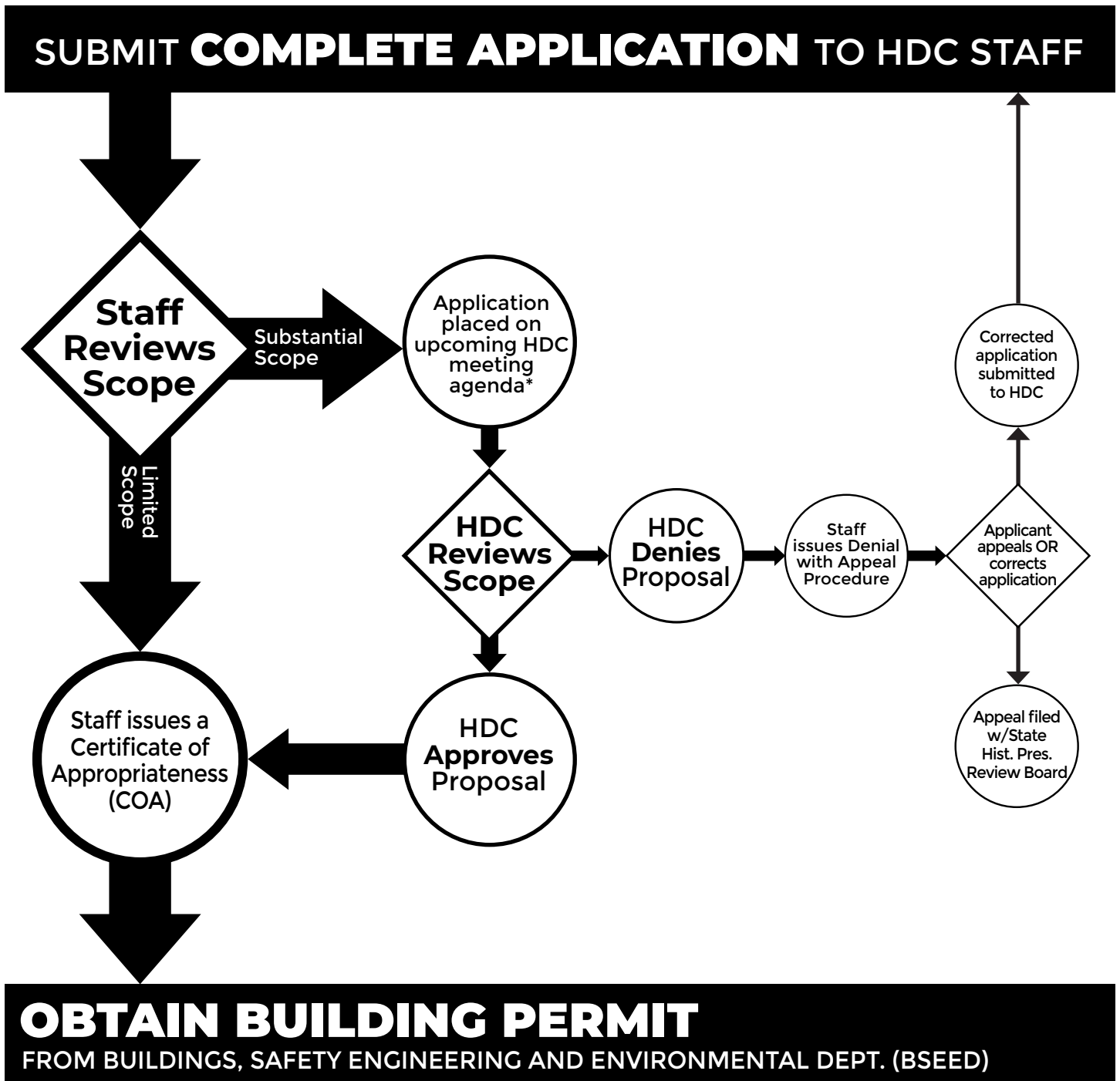
Driver's License #: M263429139967 Expiration: 12/21/2022
Subscribed and sworn to before me this _____ day of _____ 20 ____ A.D. _____ County, Michigan
Signature: _____ My Commission Expires: _____
(Notary Public)

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/bseed/elaps for more information.



HISTORIC DISTRICT COMMISSION REVIEW & PERMIT PROCESS



* 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