

P2 - BUILDING PERMIT APPLICATION

Date: 6/16/22

PROPERTY INFORMATION

Address: 1427 Edison Street 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)
Add layer porch tile onto porch (cement currently)
 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: _____

IDENTIFICATION (All Fields Required)

Property Owner/Homeowner

Property Owner/Homeowner is Permit Applicant

Name: Natasha McClure Company Name: Oak Street Health
Address: 1427 Edison Street City: Detroit State: MI Zip: 48206
Phone: 312-989-6812 Mobile: N/A
Driver's License #: M 900 000 279 847 Email: nrelwa2@gmail.com

Contractor Contractor is Permit Applicant

Representative Name: Morgan Maintenance Company Name: _____
Address: N/A City: Detroit State: _____ Zip: _____
Phone: 313-220-8053 Mobile: N/A Email: N/A
City of Detroit License #: _____

TENANT OR BUSINESS OCCUPANT

Tenant is Permit Applicant

Name: Natasha McClure Phone: 312-989-6812 Email: nrelwa2@gmail.com

ARCHITECT/ENGINEER/CONSULTANT

Architect/Engineer/Consultant is Permit Applicant

Name: _____ State Registration#: _____ Expiration Date: _____
Address: N/A 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: Natasha McClure Signature: [Signature] Date: 6/16/12
(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