

## City of Detroit Historic District Commission

## APPLICATION FOR REPLACEMENT OF HISTORIC ROOFING

Instructions: Please complete this application and return with your written estimates, documentation, and completed City of Detroit Application for Building Pe rmit No. 2 to Detroit Historic District Commission, 2 Woodward Ave, Suite 808, Detroit, Michigan 48226. Please note that your application will not be processed until all the required information has been received.

Property Location: 1453 W (Number)	Bostan Blue	1 9	
( Number)	(Street)		
Property Owner. Evan ASHE	PR		
Owner Address: 16166 will	demene St	Detroit MI	48221
		(State)	(Zip)
Telephone: 734-645-8175 (Home)	(Business)	(Fax)	è
Applicant: EVAN ASIFER		(i ax)	
Applicant Address: 16/66 W? (Street)	(City)	Detroit MI (State)	(Zip)
Telephone: $\frac{734 - 645 - 917}{(Home)}$	(Business)	(F ax)	
Signature of Applicant:	Chl	(Date) 4/13/202	3
Application Deadline: Historic District Commission meets on the second Wednesday of each month. Application material must be completed and submitted three (3) Mondays before each Commission meeting.			
Please use the enclosed criteria checklist as a guide to completing your application. Incomplete applications cannot be reviewed and will be returned to you for more information. If you have any questions or concerns, you may contact a Commission staff member at (313) 224-8907 or (313) 224-6543.			
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HDC Staff Use Only			
Date Received App. #	Date Action Tak	ken Action	

## **Submittal Criteria Checklist**

	A completed City of Detroit Application for Building Permit #2;			
	A brochure or other information giving the color, materials, and dimensions of the proposed replacement roofing;			
	Copies of two (2) written estimates from different companies for repair of the existing roofing material;			
	Copies of two (2) written estimates from different comp anies for replacement of the roof with material to match the original;			
9	Copies of two (2) written estimates from different companies for replacement of the roof with an alternative (synthetic) material;			
U	Copies of two (2) written estimates for the cost to replace the roof with asphalt shingles;			
	Detailed photographs showing deterioration of the original roofing (if you cannot provide photos, Commission staff can take the photos by appointment at your request); and			
	A letter from the owner or occupant statin g why the siding must be replaced.			
Copies	of actual written estimates are <u>REQUIRED</u>			
Repair	Estimate #1 \$ Company Name			
Repair	Estimate #2 \$ \( \sum \begin{aligned} \tau \\ A \\ \end{aligned}  \text{Company Name} \end{aligned}			
Replace	ement to Match #1 \$ 175K-2lok Company Name			
Replace	ement to Match #2 \$ Company Name			
Alterna	tte Material Replace #1 \$ 175K - 210 K  Company Name			
	te Material Replace #2 \$_ ~/A Company Name			
Asphal Asphal	t Shingles #1 \$ 37, 500 Company Name WCRC Howes LLC t Shingles #2 \$ NA Company Name			
Preferi	red Action: Cost \$ 32,500			
	Company Name WCRC Howes LLC			