

IDENTIFICATION (All Fields Required)

Property Owner/Homeowner Property Owner/Homeowner is Permit Applicant
Name: Archdiocese of Detroit Company Name: Sweetest Heart of Mary Church
Address: 12 State Street City: Detroit State: MI Zip: 48226
Phone: 586-420-5277 Mobile: Same
Driver's License #: N/A Email: lwilk@comcast.net and asebastian@iamtgc.net

Contractor Contractor is Permit Applicant
Representative Name: Tim Lemons Company Name: Pro Roofing and Sheet Metal
Address: 33781 Groesbeck Hwy City: Fraser State: MI Zip: 48026
Phone: 586-415-5000 Mobile: 586-615-1457 Email: tlemons62@gmail.com
City of Detroit License #: Commercial Building. License not required per Charles Reed, supervisor of City of Detroit Building Dept.

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: N/A 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: Tim Lemons Signature: [Signature] Date: 1-10-24
(Permit Applicant)

Driver's License #: L 552 793 671 565 Expiration: July 17, 2027

Subscribed and sworn to before me this 10 day of 01 2024 A.D. Macomb County, Michigan
Signature: [Signature] My Commission Expires: May 17 2027
(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.

STEPHANIE TURBERVILLE
NOTARY PUBLIC - STATE OF MICHIGAN
MACOMB COUNTY
My Commission Expires 05/17/2027
Acting in the County of Macomb