



APPLICATION FOR ADMINISTRATIVE APPROVAL/BOARD OF APPEALS
PLEASE CIRCLE ONE

Please complete the attached form, including the requirements listed below. Return all items requested. You will be required to submit fee at the time of hearing. Payment can be made by credit card, check, money order and or cash. (Check can be made payable to “Treasurer, City of Detroit, credit cards accepted is “Visa” or “MasterCard” Credit or Debit Card.

The current fee is **\$362.00** for the first item, **\$88.00** for each additional item, and **\$175.00** for a rehearing.

Return to: ***Division Supervisor in Room 408.*** (Please specify the Division you are requesting relieve from, i.e., Buildings/ Plumbing/Electrical/Mechanical/Plan Review).

For Modification to Code Provisions: Please submit the following:

1. Two sets of fully dimensioned drawings:
 - a. Show the structure and systems involved.
 - b. Highlight the noncompliance or the designed alternate.
2. A narrative describing:
 - a. The practical difficulties to comply with the Code provisions.
 - b. How the proposed design meets the intent of the Code, and
 - c. Why the proposed design does not pose any greater hazard that if it were to meet the letter of the Code.

***For approval through the Administrative and permitting process for Temporary Trailers:
Please submit the following:***

1. A fully dimensioned plot plan showing the location for the proposed trailer on the lot, state approval and pictures.
2. Proof or verification that the trailer is State approved for the desired use and barrier free design (handicap toilet, corridor width, etc)
3. Your plan for a ramp for handicap access, and
4. Your plan to provide adequate sanitation, light and ventilation.

For Approval through the Administrative and permitting process for code relieve from removing concrete slabs to full dept and keep slab intact under MBC2009, Sec. 3303.4 and City Ordinance, 290H-, Section 12-11-19.10, Item #5. Please submit the following:

1. Applicant must provide a copy of the wrecking permit of the referenced location;
2. Applicant must provide a written explanation of why the are requesting relieve of the MBC2009, Sec. 3303.4 and City Ordinance, 290H-, Section 12-11-19.10, Item #5.
3. Applicant must submit plans for the proposed future use with application;
4. Applicant must submit plans to plan review for approval and obtain a permit for future use.



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Date Submitted: _____ Hearing No. # _____

Location: _____ Permit # _____
 (Number) (Street)

Owner: _____ Email Address: _____
 (Name)

Address: _____
 (Number) (Street) (City) (Zip)

Phone No: _____ Cell No: _____

Application: _____ Email Address: _____
 (Name)

Address: _____
 (Number) (Street) (City) (Zip)

Phone No: _____ Cell No: _____

Contact person regarding meeting date: _____
 (Name) (Phone No.)

I hereby make application for Administrative Hearing seeking modification to Code Provisions, or the approval through administrative procedure, as required in the Code, from the Building Official, for the following.

| | |
|---|--|
| Code, Section No. and Code requirement | |
| Reason for Noncompliance | |
| Alternate Method Proposed | |
| How is the alternate Equivalent to Code | |

(Attach any additional informational sheets if needed to present case)

Owner's and applicant's Affidavit

State of Michigan } The undersigned being duly sworn, deposes and says that the foregoing statements and
 County of Wayne } answers herein contained and accompanied information and date are in all respects true and correct to the best of my
 knowledge and belief.

Applicant _____

Owner _____

Subscribed and sworn in before me this _____ Day of _____ 20 _____

Subscribed and sworn in before me this _____ Day of _____ 20 _____

 (Notary Public Wayne County, Michigan)

 (Notary Public Wayne County, Michigan)

Department Use Only

The above applicant has exhausted all appeal procedures within my Division and is therefore entitled to an Administrative Hearing. A report will be prepared and submit three days from the submitted date for scheduling.

Division Supervisor _____ Division Chief _____