



PERMIT #:
<b>PERMIT FEE: \$80</b>

# Planning Department

APPLICATION FOR BUILDING PERMIT/PLAN EVALUATION

## PROJECT INFORMATION

Authority P.A. 230 of 1972 as amended COMPLETION: Mandatory to obtain permit PENALTY: Application must be completed, signed, proper fee enclosed or paid or the permit will not be issued	The Department of Labor will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap or political beliefs.
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**Applicant to complete all sections of this document.**  
Upon approval of this application, separate applications must be made to the appropriate divisions for plumbing, mechanical and electrical work permits.

### LOCATION OF PROPOSED WORK

Street Address: \_\_\_\_\_  
City/Village: \_\_\_\_\_ Township: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

### OWNER OR LESSEE

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### ARCHITECT OR ENGINEER

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### CONTRACTOR

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Builder's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Federal Employee ID # (or reason for exemption): \_\_\_\_\_  
Workers Comp Insurance Carrier (or reason for exemption): \_\_\_\_\_  
MESC Employer #: (or reason for exemption): \_\_\_\_\_

**TYPE OF IMPROVEMENT** (Check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> New Building        | <input type="checkbox"/> Relocation       | <input type="checkbox"/> BOCA Certified? ___YES ___NO |
| <input type="checkbox"/> Addition            | <input type="checkbox"/> New House        | <input type="checkbox"/> Roof Repair                  |
| <input type="checkbox"/> Alteration          | <input type="checkbox"/> New House/Garage | <input type="checkbox"/> Replacement Window           |
| <input type="checkbox"/> Repair              | <input type="checkbox"/> BOCA             | <input type="checkbox"/> Re-roofing                   |
| <input type="checkbox"/> Wrecking/Demolition | <input type="checkbox"/> HUD              | <input type="checkbox"/> In Ground Pool               |
| <input type="checkbox"/> Mobile Home Set-Up  | <input type="checkbox"/> Double Wide      | <input type="checkbox"/> Above Ground Pool            |
| <input type="checkbox"/> Foundation Only     | <input type="checkbox"/> Pole Barn        |   |
| <input type="checkbox"/> Premanufacture      | <input type="checkbox"/> Garage           |   |

**REVIEW TO BE PERFORMED**

- |                                   |                                   |                                     |
|-----------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Building | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Electrical |
|-----------------------------------|-----------------------------------|-------------------------------------|

**FOR DEMOLITION (RESIDENTIAL) SHOW MOST RECENT USE**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> One Family                           | <input type="checkbox"/> Hotel/Motel (# of units ____) | <input type="checkbox"/> Detached Garage        |
| <input type="checkbox"/> Two or More Family (# of units ____) | <input type="checkbox"/> Attached Garage               | <input type="checkbox"/> Other (Explain: _____) |

**FOR DEMOLITION (NON-RESIDENTIAL) SHOW MOST RECENT USE**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Amusement      | <input type="checkbox"/> Service Station            | <input type="checkbox"/> School, Library, Educational |
| <input type="checkbox"/> Church         | <input type="checkbox"/> Hospital, Institutional    | <input type="checkbox"/> Store, Retail                |
| <input type="checkbox"/> Industrial     | <input type="checkbox"/> Office, Bank, Professional | <input type="checkbox"/> Tank, Towers                 |
| <input type="checkbox"/> Parking Garage | <input type="checkbox"/> Public Utility             | <input type="checkbox"/> Other (Explain: _____)       |

**NON-RESIDENTIAL CONSTRUCTION - BUILDING USE**

Describe, in detail, proposed use of building (food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage, rental, office building). If use of building is being changed, explain new use:

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**PRINCIPAL TYPE OF FRAME**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Masonry, Wall Bearing | <input type="checkbox"/> Structural Steel    | <input type="checkbox"/> Other (Explain: _____) |
| <input type="checkbox"/> Wood Frame            | <input type="checkbox"/> Reinforced Concrete |   |

**PRINCIPAL TYPE OF HEATING FUEL**

- |                              |                                      |   |
|------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Gas | <input type="checkbox"/> Electricity | <input type="checkbox"/> Other (Explain: _____) |
| <input type="checkbox"/> Oil | <input type="checkbox"/> Coal        |   |

**TYPE OF SEWAGE DISPOSAL**

- |  |  |
|--|--|
| <input type="checkbox"/> Public or Private Company | <input type="checkbox"/> Septic System |
|--|--|

**TYPE OF WATER SUPPLY**

- |  |  |
|--|--|
| <input type="checkbox"/> Public or Private Company | <input type="checkbox"/> Private Well or Cistern |
|--|--|

**TYPE OF MECHANICAL**

Will there be Air Conditioning? Y / N      Will there be an Elevator? Y / N

**DIMENSIONS** (in Square Feet)

Number of Stories \_\_\_\_\_ 3rd—10th Floor \_\_\_\_\_ Total Land Area \_\_\_\_\_  
 Floor Area 1st & 2nd Floor \_\_\_\_\_ 11th above Floor \_\_\_\_\_  
 Living Area Basement \_\_\_\_\_ Total Floor Area \_\_\_\_\_

**OFF STREET PARKING**

Number of Enclosed Spaces: \_\_\_\_\_ Number of Outdoor Spaces: \_\_\_\_\_

**Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Federal ID Number / Social Security Number: \_\_\_\_\_

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as an authorized agent. We agree to conform to all applicable laws of the State of Michigan. All information on this application is accurate to the best of my knowledge.

*Section 23A of the State Construction Code Act of 1972. Act No. 230 of the Public Acts of 1972 being Section 125. 1523A of the Michigan Compiled Laws, 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. Violators of Section 23A are subject to civil fines.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_ Fee Enclosed: \$ \_\_\_\_\_

**ENVIRONMENTAL CONTROL APPROVALS**

	REQUIRED	APPROVED	DATE	NUMBER	BY
Zoning	YES / NO				
Fire District	YES / NO				
Pollution Control	YES / NO				
Noise Control	YES / NO				
Soil Erosion	YES / NO				
Flood Zone	YES / NO				
Water Supply	YES / NO				
Septic System	YES / NO				
Variance Granted	YES / NO				
Other	YES / NO				

**DEPARTMENT USE ONLY**

BUILDING PERMIT NUMBER: \_\_\_\_\_ ISSUE DATE: \_\_\_\_\_ PERMIT DATE: \_\_\_\_\_  
 APPROVAL SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

