

APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

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| AUTHORITY: P.A. 230 OF 1972, AS AMENDED COMPLETION: MANDATORY TO OBTAIN PERMIT PENALTY: PERMIT WILL NOT BE ISSUED | THE DEPARTMENT 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 ITEMS IN SECTION I, II, III, IV, V AND VI
NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED FOR PLUMBING, MECHANICAL, AND ELECTRICAL WORK PERMITS

| | | | | |
|--|--|--|---|---|
| I. PROJECT INFORMATION | | | | |
| PROJECT | | ADDRESS | | |
| CITY | VILLAGE | TOWNSHIP | COUNTY | ZIP CODE |
| BETWEEN | | AND | | |
| II. IDENTIFICATION | | | | |
| A. OWNER OR LESSEE | | | | |
| NAME | | ADDRESS | | |
| CITY | STATE | ZIP CODE | TELEPHONE NUMBER | |
| B. ARCHITECT OR ENGINEER | | | | |
| NAME | | ADDRESS | | |
| CITY | STATE | ZIP CODE | TELEPHONE NUMBER | |
| LICENSE NUMBER | | | EXPIRATION DATE | |
| C. CONTRACTOR | | | | |
| NAME | | ADDRESS | | |
| CITY | STATE | ZIP CODE | TELEPHONE NUMBER | |
| BUILDERS LICENSE NUMBER | | | EXPIRATION DATE | |
| FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION | | | | |
| WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION | | | | |
| MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION | | | | |
| III. TYPE OF IMPROVEMENT AND PLAN REVIEW | | | | |
| A. TYPE OF IMPROVEMENT | | | | |
| 1. <input type="checkbox"/> NEW BUILDING | 2. <input type="checkbox"/> ALTERATION | 3. <input type="checkbox"/> DEMOLITION | 4. <input type="checkbox"/> FOUNDATION ONLY | 5. <input type="checkbox"/> RELOCATION |
| 6. <input type="checkbox"/> ADDITION | 7. <input type="checkbox"/> REPAIR | 8. <input type="checkbox"/> MOBILE HOME SET-UP | 9. <input type="checkbox"/> PREMANUFACTURE | 10. <input type="checkbox"/> SPECIAL INSPECTION |
| B. REVIEW(S) TO BE PERFORMED | | | | |
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> MECHANICAL | <input type="checkbox"/> PLUMBING | <input type="checkbox"/> FOUNDATION |

IV. PROPOSED USE OF BUILDING

A. RESIDENTIAL

- 1. ONE FAMILY
- 2. TWO OR MORE FAMILY
NO. OF UNITS _____
- 3. HOTEL, MOTEL
NO. OF UNITS _____
- 4. ATTACHED GARAGE
- 5. DETACHED GARAGE
- 6. OTHER

B. NON-RESIDENTIAL

- 7. AMUSEMENT
- 8. CHURCH, RELIGION
- 9. INDUSTRIAL
- 10. PARKING GARAGE
- 11. SERVICE STATION
- 12. HOSPITAL, INSTITUTIONAL
- 13. OFFICE, BANK, PROFESSIONAL
- 14. PUBLIC UTILITY
- 15. SCHOOL, LIBRARY, EDUCATIONAL
- 16. STORE, MERCANTILE
- 17. TANKS, TOWERS
- 18. OTHER

NONRESIDENTIAL-DESCRIBE IN DETAIL PROPOSED USE OF BUILDING, E.G. FOOD PROCESSING PLANT, MACHINE SHOP, LAUNDRY BUILDING AT HOSPITAL, ELEMENTARY SCHOOL, SECONDARY SCHOOL, COLLEGE, PAROCHIAL SCHOOL, PARKING GARAGE FOR DEPARTMENT STORE, RENTAL OFFICE BUILDING, OFFICE BUILDING AT INDUSTRIAL PLANT. IF USE OF EXISTING BUILDING IS BEING CHANGED, ENTER PROPOSED USE.

V. SELECTED CHARACTERISTICS OF BUILDING

A. PRINCIPAL TYPE OF FRAME

- 1. MASONRY, WALL BEARING
- 2. WOOD FRAME
- 3. STRUCTURAL STEEL
- 4. REINFORCED CONCRETE
- 5. OTHER

B. PRINCIPAL TYPE OF HEATING FUEL

- 6. GAS
- 7. OIL
- 8. ELECTRICITY
- 9. COAL
- 10. OTHER

C. TYPE OF SEWAGE DISPOSAL

- 11. PUBLIC OR PRIVATE COMPANY
- 12. SEPTIC SYSTEM

D. TYPE OF WATER SUPPLY

- 13. PUBLIC OR PRIVATE COMPANY
- 14. PRIVATE WELL OR CISTERN

E. TYPE OF MECHANICAL

- 15. WILL THERE BE AIR CONDITIONING? YES NO
- 16. WILL THERE BE FIRE SUPPRESSION? YES NO

F. DIMENSIONS/DATA

COST:

| 17. NUMBER OF STORIES _____ | 18. USE GROUP _____ | 19. CONST. TYPE _____ | 20. NO. OF OCCUPANTS _____ | 21. FLOOR AREA: | | | |
|-----------------------------|---------------------|-----------------------|----------------------------|------------------|-------------|-------|-------|
| | | | | EXISTING | ALTERATIONS | NEW | |
| | | | | BASEMENT | _____ | _____ | _____ |
| | | | | 1ST & 2ND FLOOR | _____ | _____ | _____ |
| | | | | 3RD - 10TH FLOOR | _____ | _____ | _____ |
| | | | | 11TH - ABOVE | _____ | _____ | _____ |
| | | | | TOTAL AREA | _____ | _____ | _____ |

G. NUMBER OF OFF STREET PARKING SPACES

- 22. ENCLOSED _____
- 23. OUTDOORS _____

VI. APPLICANT INFORMATION

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION.

| | | | |
|---|------|---------------|----------|
| NAME | | TELEPHONE NO. | |
| ADDRESS | CITY | STATE | ZIP CODE |
| 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 HIS/HER AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE STATE OF MICHIGAN. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

Section 23a of the state construction code act of 1972, 1972 PA 230, MCL 1 25.1523A, 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. Violators of section 23a are subjected to civil fines.

SIGNATURE OF APPLICANT

| | |
|-----------------------------------|---------------------------------------|
| PLAN REVIEW FEE ENCLOSED \$ _____ | BUILDING PERMIT FEE ENCLOSED \$ _____ |
|-----------------------------------|---------------------------------------|

VII. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION

ENVIRONMENTAL CONTROL APPROVALS

| | REQUIRED? | APPROVED | DATE | NUMBER | BY |
|-----------------------|--|----------|------|--------|----|
| A - ZONING | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| B - FIRE DISTRICT | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| C - POLLUTION CONTROL | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| D - NOISE CONTROL | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| E - SOIL EROSION | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| F - FLOOD ZONE | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| G - WATER SUPPLY | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| H - SEPTIC SYSTEM | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| I - VARIANCE GRANTED | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| J - OTHER | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |

VII. VALIDATION - FOR DEPARTMENT USE ONLY

| | |
|----------------------------|-----------------------------|
| USE GROUP _____ | BASE FEE _____ |
| TYPE OF CONSTRUCTION _____ | NUMBER OF INSPECTIONS _____ |
| SQUARE FEET _____ | |
| APPROVAL SIGNATURE _____ | |
| TITLE _____ | DATE _____ |