

## Building Permit Application

Please state project value here, \$ \_\_\_\_\_

Authority: 1972 PA 230  
 Completion: Mandatory to obtain permit  
 Penalty: Permit cannot be issued

### Applicant to Complete All Items in Sections I, II, III, IV V and VI

**Note: Separate Applications Must be Completed for Plumbing, Mechanical and Electrical Work Permits**

<b>I. Project Information</b>				
PROJECT NAME		ADDRESS		
NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH JOB IS LOCATED		COUNTY	ZIP CODE	
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township <b>OF:</b>				
BETWEEN		AND		
<b>II. Identification</b>				
<b>A. Owner or Lessee</b>				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)	
<b>B. Architect or Engineer</b>				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)	
LICENSE NUMBER		EXPIRATION DATE		
<b>C. Contractor</b>				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)	
BUILDERS LICENSE NUMBER		EXPIRATION DATE		
FEDERAL EMPLOYER ID NUMBER (or reason for exemption)				
WORKERS COMP INSURANCE CARRIER (or reason for exemption)				
UIA NUMBER (or reason for exemption)				
<b>III. Type of Improvement and Plan Review</b>				
<b>A. Type of Improvement</b>				
<input type="checkbox"/> 1. NEW BUILDING	<input type="checkbox"/> 3. ALTERATION	<input type="checkbox"/> 5. DEMOLITION	<input type="checkbox"/> 7. FOUNDATION ONLY	<input type="checkbox"/> 9. RELOCATION
<input type="checkbox"/> 2. ADDITION	<input type="checkbox"/> 4. REPAIR	<input type="checkbox"/> 6. MOBILE HOME SET-UP	<input type="checkbox"/> 8. PREMANUFACTURE	<input type="checkbox"/> 10. SPECIAL INSPECTION
<b>B. Plan Review Required</b>				
Plans must be submitted with an Application for Plan Examination and the appropriate fee before a permit can be issued, except as listed below.				
Plans are not required for alterations and repair work determined by the building official to be of a minor nature.				
Plans and specifications are required for all other building types and shall be prepared by or under the direct supervision of an architect or engineer licensed pursuant to 1980 PA 299 and shall bear that architect's or engineer's seal and signature.				
Plan Review Project No. _____				

<b>IV. Proposed Use of Building</b>				
<b>A. Residential</b>				
<input type="checkbox"/> 1. ONE FAMILY	<input type="checkbox"/> 3. HOTEL, MOTEL NO. OF UNITS _____	<input type="checkbox"/> 5. DETACHED GARAGE		
<input type="checkbox"/> 2. TWO OR MORE FAMILY NO. OF UNITS _____	<input type="checkbox"/> 4. ATTACHED GARAGE	<input type="checkbox"/> 6. OTHER _____		
<b>B. Non-Residential</b>				
<input type="checkbox"/> 7. AMUSEMENT	<input type="checkbox"/> 11. SERVICE STATION	<input type="checkbox"/> 15. SCHOOL, LIBRARY, EDUCATIONAL		
<input type="checkbox"/> 8. CHURCH, RELIGION	<input type="checkbox"/> 12. HOSPITAL, INSTITUTIONAL	<input type="checkbox"/> 16. STORE, MERCANTILE		
<input type="checkbox"/> 9. INDUSTRIAL	<input type="checkbox"/> 13. OFFICE, BANK, PROFESSIONAL	<input type="checkbox"/> 17. TANKS, TOWERS		
<input type="checkbox"/> 10. PARKING GARAGE	<input type="checkbox"/> 14. PUBLIC UTILITY	<input type="checkbox"/> 18. OTHER _____		
NON-RESIDENTIAL - 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.				
<b>V. Selected Characteristics of Building</b>				
<b>A. Principal Type of Frame</b>				
<input type="checkbox"/> 1. MASONRY, WALL BEARING	<input type="checkbox"/> 2. WOOD FRAME	<input type="checkbox"/> 3. STRUCTURAL STEEL	<input type="checkbox"/> 4. REINFORCED CONCRETE	<input type="checkbox"/> 5. OTHER _____
<b>B. Principal Type of Heating Fuel</b>				
<input type="checkbox"/> 6. GAS	<input type="checkbox"/> 7. OIL	<input type="checkbox"/> 8. ELECTRICITY	<input type="checkbox"/> 9. COAL	<input type="checkbox"/> 10. OTHER _____
<b>C. Type of Sewage Disposal</b>				
<input type="checkbox"/> 11. PUBLIC OR PRIVATE COMPANY	<input type="checkbox"/> 12. SEPTIC SYSTEM			
<b>D. Type of Water Supply</b>				
<input type="checkbox"/> 13. PUBLIC OR PRIVATE COMPANY	<input type="checkbox"/> 14. PRIVATE WELL OR CISTERN			
<b>E. Type of Mechanical</b>				
15. WILL THERE BE AIR CONDITIONING? <input type="checkbox"/> YES <input type="checkbox"/> NO		16. WILL THERE BE FIRE SUPPRESSION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>F. Dimensions / Data</b>				
17. NUMBER OF STORIES _____	21. FLOOR AREA:	EXISTING	ALTERATIONS	NEW
18. USE GROUP _____	BASEMENT	_____	_____	_____
19. CONSTRUCTION TYPE _____	1ST & 2ND FLOOR	_____	_____	_____
20. NO. OF OCCUPANTS _____	3RD - 10TH FLOOR	_____	_____	_____
	11TH - ABOVE	_____	_____	_____
	TOTAL AREA	_____	_____	_____
<b>G. Number of Off Street Parking Spaces</b>				
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		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)

FEDERAL EMPLOYER ID NUMBER (or reason for exemption)

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 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. Violators of section 23a are subjected to civil fines.

**Signature of Applicant**

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				

**VIII. Validation - For Department Use Only**

USE GROUP _____	APPLICATION FEE (non-refundable) _____
TYPE OF CONSTRUCTION _____	NUMBER OF INSPECTIONS _____
SQUARE FEET _____	

APPROVAL SIGNATURE

TITLE	DATE
-------	------

**IX. Site or Plot Plan - For Applicant Use**

A large grid area for drawing a site or plot plan. The grid consists of 30 columns and 30 rows of small squares, providing a space for the applicant to draw their site or plot plan.

**Expiration of Permit:** A permit remains valid as long as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within 180 days after issuance of the permit or if the authorized work is suspended or abandoned for a period of 180 days after the time of commencing the work. **A PERMIT WILL BE CLOSED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN 180 DAYS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CLOSED PERMITS CANNOT BE REFUNDED.**

The Department will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.