

Application Number: BP - _____
 Permission is requested by the Contractor and by the Owner to perform work as described below and on the reverse side, and as shown on the attached plans.

REQUIRED INFORMATION

Date: *

PROPERTY *	Address _____	Zoning District _____
	Between _____ And _____	Parcel/Tr # _____
PROPERTY * OWNER	Name _____	Phone _____
	Address _____ City _____ State _____	Fax _____ Zip _____
CONTRACTOR <u>If Applicable</u> *	Name/Business _____	Phone _____
	Address _____ City _____ State _____	Fax _____ Zip _____
	License # _____	Exp. _____
ARCHITECT or ENGINEER <u>If Applicable</u> *	Name _____	Phone _____
	Address _____ City _____ State _____	Fax _____ Zip _____
	License# _____	

BUILDING INFORMATION

TYPE OF WORK: *

<input type="checkbox"/> Build/Finish	<input type="checkbox"/> New	<input type="checkbox"/> Commercial Building
<input type="checkbox"/> Addition(s) to	<input type="checkbox"/> Existing	<input type="checkbox"/> Single Family Dwelling
<input type="checkbox"/> Alteration(s) to	<input type="checkbox"/> Portion(s) of existing	<input type="checkbox"/> Tenant Space
<input type="checkbox"/> Change of Occupancy	<input type="checkbox"/> Foundation only	<input type="checkbox"/> Deck
<input type="checkbox"/> Demolition of _____	<input type="checkbox"/> Sign	<input type="checkbox"/> Covered Porch
<input type="checkbox"/> Move	<input type="checkbox"/> Other _____	<input type="checkbox"/> Pole Building
<input type="checkbox"/> Repair(s) to _____		<input type="checkbox"/> Garage
<input type="checkbox"/> Replacement of _____		<input type="checkbox"/> Roof
<input type="checkbox"/> Other _____		<input type="checkbox"/> Windows Number _____
		<input type="checkbox"/> Siding

USE GROUPS: *

- Vacant
- A-1 Assembly, theaters
- A-2 Assembly, nightclubs, bars, restaurants
- A-3 Assembly, rec centers, religious buildings
- A-4 Assembly, indoor sporting facilities
- A-5 Grandstands, stadiums, outdoor sporting events
- B Business
- E Educational
- F-1 Factory and industrial, moderate hazard
- F-2 Factory and industrial, low hazard
- H-1 High hazard, detonation hazards
- H-2 High hazard, deflagration hazards
- H-3 High hazard, physical hazards
- H-4 High hazard, health hazards
- H-5 Hazardous production materials
- I-1 Institutional, supervised residential care
- I-2 Institutional, incapacitated, hospital, nursing home
- I-3 Institutional, restrained, prisons
- M Mercantile
- R-1 Residential, hotels, motels, boarding houses
- R-2 Residential, multiple-family, fraternity, sorority
- R-3 Residential, 1 and 2 family and townhouses
- R-4 Assisted living (6-16 occ.)
- S-1 Storage, moderate hazard
- S-2 Storage, low hazard
- U Utility, miscellaneous, garages, fences, sheds
- Mixed Uses

FLOODPLAIN: * YES NO

BUILDING HEIGHT/AREA: *

DEQ Permit # _____ Max. Height Above Grade _____

Approval _____ Stories above Grade _____

Max. Area per Floor _____

BUILDING CONSTRUCTION TYPE: *

5B - Combustible/unprotected

5A - Combustible/protected

4 - Heavy Timber

3B - Non-combustible/combustible Unprotected

3A - Non-combustible/combustible protected

2B - Non-combustible/Unprotected

2A - Non-combustible/protected

1B - Non-combustible/Unprotected

1A - Non-combustible/protected

Total Floor Area: _____ SF

Area by Use: _____ Use _____ SF

_____ Use _____ SF

Is this building residential rental property? * No Yes # Units _____

BUILDING USE OPTIONS:

Single Use

Mixed Use - Separation Option:

Non-separated uses

Separate buildings

FLOOR AREA SQ. FT.: **NEW** **EXISTING** **ALTERATIONS**

BASEMENT: _____

1ST & 2ND FLOOR: _____

3RD - 10TH FLOOR: _____

FEES:

Building Permit \$ _____

Temp. Cert. of Occupancy \$ _____

Plan Review \$ _____

Zoning Permit \$ _____

Bond: \$325 or \$750 \$ _____

On permits over \$100.00

Total \$ _____ Cash Check # _____

DESCRIPTION OF WORK: * _____

VALUE OF WORK - Includes Mechanical, Electrical, Plumbing and Labor: * \$ _____

PURSUANT TO PUBLIC ACT OF 135 OF 1989 ALL BUILDING PERMIT APPLICANTS MUST FILL OUT THIS SECTION *

1. Driver's License #: _____ 2. Workers Compensation: _____
3. Insurance Carrier: _____
4. Tax Id. # _____ 5. MESC # Unemployment Agency # _____ 6. Homeowner - N/A

SECTION 23A of the State Construction Codes Act of 1972, Act. No. 230 of 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 perform work on a residential building or a residential structure. Violators of Section 23a are subject to Municipal Civil Infractions and fines.

A PERMIT WILL BE CANCELED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN SIX MONTHS OF THE DATE OF ISSUANCE OR THE DATE OF PREVIOUS INSPECTION. CANCELED PERMITS WILL NOT BE REFUNDED OR REINSTATED.

* Initial Here to verify this Item has been read.

HOMEOWNERS AFFIDAVIT: I hereby certify that I am the bona fide homeowner of the above property which is a single family residence and not for rent. I am familiar with the provisions of the applicable ordinances and rules and hereby agree to make this installation or construction in conformance with the ordinance and State Building Code of Michigan. I realize that in signing this application, I assume the responsibility of a licensed contractor for the work mentioned in this permit. I agree to notify the Building Department after each phase of work is completed so that the Department may make its required inspection(s). I further agree to keep all portions of this work exposed until approved by the inspector(s).

Violation Penalties: Any person who shall violate any provision of the Ordinance or shall fail to comply with any of the requirements the State of Michigan Building /Residential Code shall be subject to Municipal Civil Infractions and fines.

Signature (Homeowners Only) * _____ Printed Name and Address * _____ Date * _____

* Contractor, acting through the undersigned, agrees to comply with all terms, conditions & Building Code per permit issuance.

* I, Owner, or person acting as owner's agent, agree to all terms, conditions and to comply with State Codes. I agree to the terms and to pay all fees and costs that may come due as a result of any activity under this application.

Signature: _____ Date: _____

* Signature: _____ Date: _____

Print Name of Signature and Title _____

Print Name of Signature _____

Company Name: _____

*If Owner's signature is by Contractor or its representative, Contractor warrants and represents that it is an authorized agent for Owner for purposes of obtaining this permit. (NOTE: Contractor is NOT allowed to act as agent for Owner if Contractor is in non-compliance status on other permits.)

MUST BE SUBMITTED: TWO (2) SETS OF PLANS FOR RESIDENTIAL - THREE (3) SETS OF PLANS FOR COMMERCIAL/INDUSTRIAL OFFICE USE ONLY

	REQUIRED	APPROVED BY	DATE
1. ZONING:.....	Y / N	_____	_____
2. DRIVEWAY PERMIT/ADDRESS:.....	Y / N	_____	_____
3. FLOOD PLAIN DOCUMENTATION:.....	Y / N	_____	_____
4. WASTE WATER/SEPTIC:.....	Y / N	_____	_____
5. PUBLIC WATER/WELL:.....	Y / N	_____	_____
6. SOIL EROSION:.....	Y / N	_____	_____
7. ELECTRICAL PERMIT:.....	Y / N	_____	_____
8. MECHANICAL PERMIT:.....	Y / N	_____	_____
9. PLUMBING PERMIT:.....	Y / N	_____	_____

DOCUMENTS: Contractor Registered Copy of Contract Site plan Wall cross section Permit policy Energy compliance Seal

Notes: _____

Approval: _____ Date: _____ Building Permit Application No.: BP _____