

**APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION**

AUTHORITY: P.A. 230 OF 1972, AS AMENDED  
 COMPLETION: MANDATORY TO OBTAIN PERMIT  
 PENALTY: APPLICATION MUST BE COMPLETED, SIGNED PROPER FEE  
 ENCLOSED OR 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.

**APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, V AND VI  
 NOTE: SEPARATE APPLICATIONS MUST BE MADE TO THE APPROPRIATE DIVISION  
 FOR PLUMBING, MECHANICAL AND ELECTRICAL WORK PERMITS**

|  |          |                 |          |
|--|----------|-----------------|----------|
| <b>I. LOCATION OF BUILDING</b>   |          |                 |          |
| ADDRESS:   |          |                 |          |
| CITY/VILLAGE   | TOWNSHIP | COUNTY          | ZIP CODE |
| BETWEEN  |          | AND             |          |
| <b>II. IDENTIFICATION</b>  |          |                 |          |
| <b>A. OWNER OR LESSEE</b>  |          |                 |          |
| NAME   |          | TELEPHONE NO.   |          |
| ADDRESS  | CITY     | STATE           | ZIP CODE |
| <b>B. ARCHITECT OR ENGINEER</b>  |          |                 |          |
| NAME   |          | TELEPHONE NO.   |          |
| ADDRESS  | CITY     | STATE           | ZIP CODE |
| LICENSE NUMBER   |          | EXPIRATION DATE |          |
| <b>C. CONTRACTOR</b>   |          |                 |          |
| NAME   |          | TELEPHONE NO.   |          |
| ADDRESS  | CITY     | STATE           | ZIP CODE |
| 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   |          |                 |          |
| <b>III. TYPE OF IMPROVEMENT AND PLAN REVIEW</b>  |          |                 |          |
| <b>A. TYPE OF IMPROVEMENT</b>  |          |                 |          |
| 1. <input type="checkbox"/> NEW BUILDING   2. <input type="checkbox"/> ADDITION   3. <input type="checkbox"/> ALTERATION   4. <input type="checkbox"/> REPAIR   5. <input type="checkbox"/> WRECKING   6. <input type="checkbox"/> MOBILE HOME SET-UP   7. <input type="checkbox"/> FOUNDATION ONLY<br>8. <input type="checkbox"/> PRE-MANUFACTURE   9. <input type="checkbox"/> RE-LOCATION   |          |                 |          |
| <b>B. REVIEW(S) TO BE PERFORMED</b>  |          |                 |          |
| <input type="checkbox"/> BUILDING <input type="checkbox"/> PLUMBING <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> ENERGY  |          |                 |          |
| <b>IV. PROPOSED USE OF BUILDING</b>  |          |                 |          |
| <b>A. RESIDENTIAL - FOR "WRECKING", SHOW MOST RECENT USE</b>   |          |                 |          |
| 1. <input type="checkbox"/> ONE FAMILY            2. <input type="checkbox"/> TWO OR MORE FAMILY (NO. OF UNITS _____)            3. <input type="checkbox"/> HOTEL, MOTEL (NO OF UNITS _____)<br>4. <input type="checkbox"/> ATTACHED GARAGE            5. <input type="checkbox"/> DETACHED GARAGE            6. <input type="checkbox"/> OTHER   |          |                 |          |
| <b>B. NON-RESIDENTIAL - FOR "WRECKING", SHOW MOST RECENT USE</b>   |          |                 |          |
| 7. <input type="checkbox"/> AMUSEMENT            8. <input type="checkbox"/> CHURCH, RELIGION            9. <input type="checkbox"/> INDUSTRIAL            10. <input type="checkbox"/> PARKING GARAGE<br>11. <input type="checkbox"/> SERVICE STATION            12. <input type="checkbox"/> HOSPITAL INSTITUTIONAL            13. <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL            14. <input type="checkbox"/> PUBLIC UTILITY<br>15. <input type="checkbox"/> SCHOOL, LIBRARY, EDUCATIONAL            16. <input type="checkbox"/> STORE, MERCANTILE            17. <input type="checkbox"/> TANKS, TOWERS            18. <input type="checkbox"/> OTHER |          |                 |          |
| NONRESIDENTIAL - DESCRIBE IN DETAIL PROPOSED USE OF BUILDING E.G. FOOD PROCESSING PLANT, MACHINE SHOP, LAUNDRY BUILDING AT<br>HOSPITAL, ELEMENTARY SCHOOL, SECONDARY SCHOOL, COLLEGE, PAROCHIAL SCHOOL, PARKING GARAGE FOR DEPARTMENT STORE, RENTAL OFFICE<br>BUILDING, OFFICE BUILDING AT INDUSTRIAL PLANT. IF USE OF EXISTING BUILDING IS BEING CHANGED, ENTER PROPOSED USE.   |          |                 |          |
| _____<br>_____<br>_____<br>_____   |          |                 |          |
| <b>V. SELECTED CHARACTERISTICS OF BUILDING</b>   |          |                 |          |
| <b>A. PRINCIPAL TYPE OF FRAME</b>  |          |                 |          |
| 1. <input type="checkbox"/> MASONRY WALL BEARING   2. <input type="checkbox"/> WOOD FRAME   3. <input type="checkbox"/> STRUCTURAL STEEL   4. <input type="checkbox"/> REINFORCED CONCRETE   5. <input type="checkbox"/> OTHER   |          |                 |          |

|   |  |   |                                  |                                    |
|---|--|---|----------------------------------|------------------------------------|
| <b>B. PRINCIPAL TYPE OF HEATING FUEL</b>  |  |   |                                  |                                    |
| 6. <input type="checkbox"/> GAS   | 7. <input type="checkbox"/> OIL                          | 8. <input type="checkbox"/> ELECTRICITY   | 9. <input type="checkbox"/> COAL | 10. <input type="checkbox"/> OTHER |
| <b>C. TYPE OF SEWAGE DISPOSAL</b>   |  |   |                                  |                                    |
| 11. <input type="checkbox"/> PUBLIC OR PRIVATE COMPANY  |  | 12. <input type="checkbox"/> SEPTIC SYSTEM  |                                  |                                    |
| <b>D. TYPE OF WATER SUPPLY</b>  |  |   |                                  |                                    |
| 13. <input type="checkbox"/> PUBLIC OR PRIVATE COMPANY  |  | 14. <input type="checkbox"/> 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 AN ELEVATOR? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                  |                                    |
| <b>F. DIMENSIONS</b>  |  |   |                                  |                                    |
| 17. NUMBER OF STORIES _____   |  | 18. FLOOR AREA: 1 <sup>ST</sup> & 2 <sup>ND</sup> FLOOR _____                           |                                  |                                    |
|   |  | 3 <sup>RD</sup> - 10 <sup>TH</sup> FLOOR _____  |                                  |                                    |
| TOTAL LAND AREA (SQUARE FEET) _____   |  | 11 <sup>TH</sup> - ABOVE FLOOR _____  |                                  |                                    |
|   |  | TOTAL AREA _____  |                                  |                                    |
| <b>G. NUMBER OF OFF STREET PARKING SPACES</b>   |  |   |                                  |                                    |
| 19. ENCLOSED _____  |  | 20. OUTDOORS _____  |                                  |                                    |
| VI APPLICANT INFORMATION  |  |   |                                  |                                    |
| <i>APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION</i>   |  |   |                                  |                                    |
| 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 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, 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. |  |   |                                  |                                    |
| ESTIMATED COST OF CONSTRUCTION:   |  |   |                                  |                                    |
| FEE ENCLOSED \$   |  | OR STATE ACCOUNT NUMBER   |                                  |                                    |
| SIGNATURE OF APPLICANT  |  | DATE OF APPLICATION:  |                                  |                                    |
| <b>VII LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION</b>   |  |   |                                  |                                    |
| 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 |   |                                  |                                    |
| <b>VIII. VALIDATION - FOR DEPARTMENT USE ONLY</b>   |  |   |                                  |                                    |
| NOTES AND DATA  |  |   |                                  |                                    |
|   |  |   |                                  |                                    |
|   |  |   |                                  |                                    |

BUILDING PERMIT NUMBER

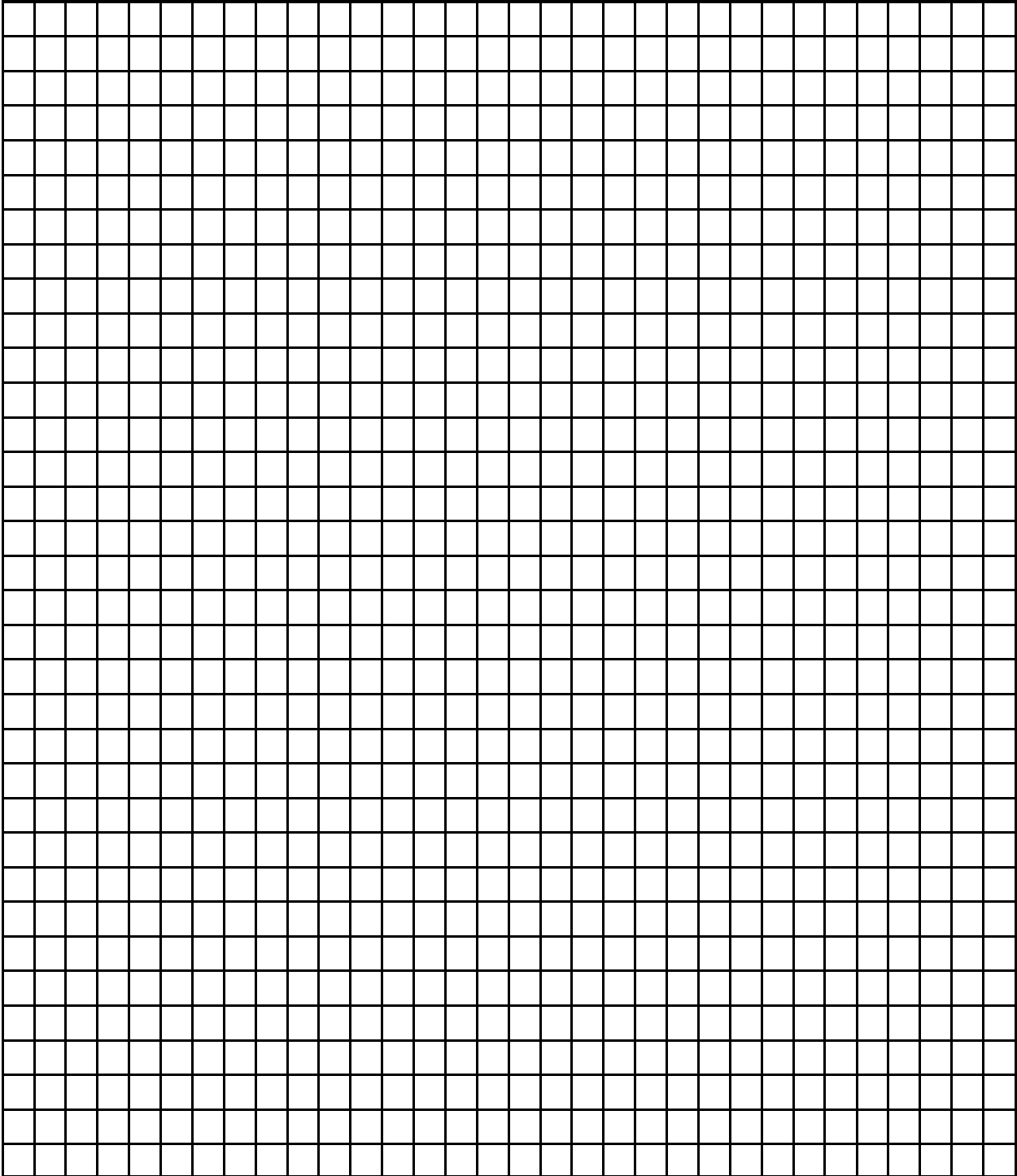
APPROVAL SIGNATURE

ISSUE DATE

PERMIT FEE

TITLE

**IX. SITE OR PLOT PLAN - FOR APPLICANT USE**



**INDICATE DIRECTION OF NORTH WITHIN THE CIRCLE:**

