



BUILDING PERMIT APPLICATION

6201 West Michigan Avenue

Ann Arbor, MI 48108



(734) 822-3125

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

NOTE: Separate Applications Must Be Completed for Plumbing, Mechanical, & Electrical

I. JOB LOCATION

Street Address of Job		Lot	Project Name/Subdivision	
City	State	Zip Code	Property I.D. Number	

II. IDENTIFICATION

A. OWNER OR LESSEE

Name		Address		
City	State	Zip Code	Phone	

B. CONTRACTOR (If Registered in Pittsfield Complete Section B₁) (If Not Registered Complete Section B₂ through B₆)

Name		B ₁) Township Registration Number		
Address (Street No. and Name)		B ₂) State License Number	B ₃) Expiration Date	
City	State	Zip Code	B ₄) Federal Employer ID (or reason for exemption)	
Telephone Number	B ₅) MESC Number (or reason for exemption)		B ₆) Workers Comp Carrier (or reason for exemption)	

C. ARCHITECT OR ENGINEER

Name		Address (Street No. and Name)		
City	State	Zip Code	Telephone Number	
License Number		Expiration Date		

III. TYPE OF IMPROVEMENT AND PLAN REVIEW

A. PROPOSED USE OF BUILDING AND TYPE OF IMPROVEMENT

<input type="checkbox"/> RESIDENTIAL		<input type="checkbox"/> NON-RESIDENTIAL		
<input type="checkbox"/> Single Family	<input type="checkbox"/> 2 or more family No. of Units _____	<input type="checkbox"/> Industrial	<input type="checkbox"/> Office	<input type="checkbox"/> Church
<input type="checkbox"/> Detached Garage	<input type="checkbox"/> Hotel/Motel No. of Units _____	<input type="checkbox"/> Mercantile/Store	<input type="checkbox"/> Service Station	<input type="checkbox"/> School/Library
<input type="checkbox"/> Pole Barn/Shed	<input type="checkbox"/> Other _____	<input type="checkbox"/> Public Utility	<input type="checkbox"/> Hospital	<input type="checkbox"/> Amusement
<input type="checkbox"/> New Building	<input type="checkbox"/> Addition	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Foundation Only	<input type="checkbox"/> Relocation
<input type="checkbox"/> Alteration	<input type="checkbox"/> Repair	<input type="checkbox"/> Demolition	<input type="checkbox"/> Premanufacture	<input type="checkbox"/> Other

B. PLAN REVIEW REQUIRED YES NO

Plans must be submitted with this application 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 Submission Date: _____

IF RESIDENTIAL—describe in detail scope of work; IF NONRESIDENTIAL—describe proposed use of building, e.g. food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.

_____.

_____.

_____.

IV. SELECTED CHARACTERISTICS OF BUILDING

A. PRINCIPAL TYPE OF FRAME	B. PRINCIPAL TYPE OF HEATING FUEL	C. TYPE OF MECHANICAL
<input type="checkbox"/> Wood Frame <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Structural Steel <input type="checkbox"/> Other	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil <input type="checkbox"/> Propane <input type="checkbox"/> Electricity <input type="checkbox"/> Other	Air Conditioning <input type="checkbox"/> Yes <input type="checkbox"/> No Fire Suppression <input type="checkbox"/> Yes <input type="checkbox"/> No

D. TYPE OF WATER SUPPLY AND SEWAGE DISPOSAL

<input type="checkbox"/> Public Water <input type="checkbox"/> Public Sewer	<input type="checkbox"/> Private Well <input type="checkbox"/> Septic System
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E. DIMENSION/DATA

Floor Area	<u>Existing</u>	<u>Alterations</u>	<u>New</u>		
Basement	_____	_____	_____	Number of Stories _____	Use Group _____
1 st & 2 nd Floor	_____	_____	_____	Construction Cost _____	
Total	_____	_____	_____	Construction Type _____	Occupant Load _____

V. APPLICANT INFORMATION

CONTRACTOR **HOMEOWNER** (If Homeowner, you must read and sign Homeowner Permit Policy Form)

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

Name		Telephone Number
Address		City
State	Zip Code	Federal I.D. 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 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: _____ **DATE:** _____

VI. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION

ENVIRONMENTAL CONTROL APPROVALS					
	REQUIRED?		APPROVED	DATE	BY
A. Site Plan Review	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>		
B. Well/Septic Permit	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>		
C. Driveway Permit	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>		
D. Soil Erosion	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>		
E. Utility Charges	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>		
F. Variance	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>		
G. WCHA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>		
H. Other	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>		

VII. VALIDATION – FOR DEPARTMENT USE ONLY

Use Group _____ Base Fee _____

Minimum Number of Inspections _____

Approval Signature _____ Date _____

Comments:

