

APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

City of Mount Clemens

One Crocker Blvd.
Mount Clemens, Michigan 48043
(586) 469-6814

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 NAME	ADDRESS		
PARCEL NO.			
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
BUILDER'S 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	3. <input type="checkbox"/> ALTERATION	5. <input type="checkbox"/> DEMOLITION	7. <input type="checkbox"/> FOUNDATION ONLY
2. <input type="checkbox"/> ADDITION	4. <input type="checkbox"/> REPAIR	6. <input type="checkbox"/> MOBILE HOME SET-UP	8. <input type="checkbox"/> PREMANUFACTURED
			9. <input type="checkbox"/> RELOCATION
		10. <input type="checkbox"/> SPECIAL INSPECTION	

IV. PROPOSED USE OF BUILDING

A. RESIDENTIAL

- | | | |
|--|--|---|
| 1. <input type="checkbox"/> ONE FAMILY | 3. <input type="checkbox"/> HOTEL, MOTEL
NO. OF UNITS _____ | 5. <input type="checkbox"/> DETACHED GARAGE |
| 2. <input type="checkbox"/> TWO OR MORE FAMILY
NO. OF UNITS _____ | 4. <input type="checkbox"/> ATTACHED GARAGE | 6. <input type="checkbox"/> OTHER |

B. NON-RESIDENTIAL

- | | | |
|--|---|---|
| 7. <input type="checkbox"/> AMUSEMENT | 11. <input type="checkbox"/> SERVICE STATION | 15. <input type="checkbox"/> SCHOOL, LIBRARY, EDUCATIONAL |
| 8. <input type="checkbox"/> CHURCH, RELIGION | 12. <input type="checkbox"/> HOSPITAL, INSTITUTIONAL | 16. <input type="checkbox"/> STORE, MERCANTILE |
| 9. <input type="checkbox"/> INDUSTRIAL | 13. <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL | 17. <input type="checkbox"/> TANKS, TOWERS |
| 10. <input type="checkbox"/> PARKING GARAGE | 14. <input type="checkbox"/> PUBLIC UTILITY | 18. <input type="checkbox"/> 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. <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. PRINCIPAL TYPE OF HEATING FUEL

- | | | | |
|---------------------------------|---------------------------------|---|-----------------------------------|
| 6. <input type="checkbox"/> GAS | 7. <input type="checkbox"/> OIL | 8. <input type="checkbox"/> ELECTRICITY | 9. <input type="checkbox"/> OTHER |
|---------------------------------|---------------------------------|---|-----------------------------------|

C. TYPE OF MECHANICAL

- | | | | |
|--|--|--|--|
| 15. <input type="checkbox"/> WILL THERE BE AIR CONDITIONING? | <input type="checkbox"/> YES <input type="checkbox"/> NO | 16. <input type="checkbox"/> WILL THERE BE FIRE SUPPRESSION? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|--|--|--|--|

D. DIMENSIONS/DATA

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

E. NUMBER OF ADDITIONAL INSPECTIONS REQUESTED (ON ROUGH _____ AND ONE FINAL _____ INCLUDED IN PERMIT FEE)

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 I.D. NUMBER/SOCIAL SECURITY NUMBER/DRIVERS LICENSE			

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

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

VII. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION

ENVIROMENTAL CONTROL APPROVALS

	REQUIRED?	APPROVED	DATE	NUMBER	BY
A - SITE PLAN REVIEW	<input type="checkbox"/> YES <input type="checkbox"/> NO				
B - BOARD OF ZONING APPEALS	<input type="checkbox"/> YES <input type="checkbox"/> NO				
C - PLAN REVIEW	<input type="checkbox"/> YES <input type="checkbox"/> NO				
D - SOIL EROSION	<input type="checkbox"/> YES <input type="checkbox"/> NO				
E - FLOOD ZONE	<input type="checkbox"/> YES <input type="checkbox"/> NO				
F - OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO				

VII. VALIDATION - FOR DEPARTMENT USE ONLY

USE GROUP _____	BASE FEE _____
TYPE OF CONSTRUCTION _____	NUMBER OF INPSECTIONS _____
SQUARE FEET _____	

APPROVAL SIGNATURE

TITLE	DATE
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IX. SITE OR PLOT PLAN - FOR APPLICANT USE

