

Applicant to Complete all items in Sections I, II, III, V, VI, VII and VIII
Note: Separate Applications Must be Completed for Plumbing, Mechanical and Electrical Work Permits

I. PROJECT OR FACILITY INFORMATION **ALL INFORMATION MUST BE LEGIBLE**

Project Name		
Address		
Subdivision	Tax I.D. #	Lot #

II. APPLICANT/FACILITY CONTACT INFORMATION

A. APPLICANT

Name		Address	
City		State	ZIP Code
Telephone	Fax	E-mail	

B. OWNER OR LESSEE

Name		Address	
City		State	ZIP Code
Phone	Fax	E-mail	

C. CONTRACTOR

Name		Address	
City		State	Zip Code
Phone	Fax	E-mail	
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)			

D. ARCHITECT OR ENGINEER

Name		Address	
City		State	ZIP Code
Phone	Fax	E-mail	

III. TYPE OF IMPROVEMENT

<input type="checkbox"/> New Building	<input type="checkbox"/> Alteration	<input type="checkbox"/> Demolition	<input type="checkbox"/> Foundation Only	<input type="checkbox"/> Relocation
<input type="checkbox"/> Addition	<input type="checkbox"/> Repair	<input type="checkbox"/> Mobile Home Set-Up	<input type="checkbox"/> Premanufactured	<input type="checkbox"/> Special Inspection

IV. PLAN REVIEW REQUIRED

A set of construction documents are required with each application for a permit, unless waived by the Building Official when code compliance can be determined based on the description in the application.
 Construction documents must be sealed and signed by an architect or professional engineer in accordance with 1980, PA 299 as amended. The seal and signature is not required for one and two family dwellings less than 3,500 sq. ft. of calculated floor area and public works less than \$15,000 in total construction costs.

V. PLAN REVIEW INFORMATION			
A. RESIDENTIAL – BUILDINGS REGULATED BY THE MICHIGAN RESIDENTIAL CODE			
<input type="checkbox"/> One Family	<input type="checkbox"/> Townhouse-#of units _____	<input type="checkbox"/> Detached Garage	
<input type="checkbox"/> Two or More Family Number of Units _____	<input type="checkbox"/> Attached Garage	<input type="checkbox"/> Other _____	
B. NON-RESIDENTIAL – BUILDINGS REGULATED BY THE MICHIGAN BUILDING CODE			
<input type="checkbox"/> (A-1) Assembly (Theatres, etc.) <input type="checkbox"/> (A-2) Assembly (Restaurants, Bars, etc.) <input type="checkbox"/> (A-3) Assembly (Churches, Libraries, etc.) <input type="checkbox"/> (A-4) Assembly (Indoor Sports, etc.) <input type="checkbox"/> (A-5) Assembly (Outdoor Sports, etc.) <input type="checkbox"/> (B) Business <input type="checkbox"/> (E) Education <input type="checkbox"/> (F-1) Factory (Moderate Hazard) <input type="checkbox"/> (F-2) Factory (Low Hazard)	<input type="checkbox"/> (H-1) High Hazard (Detonation) <input type="checkbox"/> (H-2) High Hazard (Deflagration) <input type="checkbox"/> (H-3) High Hazard (Combustion) <input type="checkbox"/> (H-4) High Hazard (Health Hazard) <input type="checkbox"/> (H-5) High Hazard (HPM) <input type="checkbox"/> (I-1) Institutional 1 (Supervised) <input type="checkbox"/> (I-2) Institutional 2 (Hospitals, etc.) <input type="checkbox"/> (I-3) Institutional 3 (Prisons, etc.) <input type="checkbox"/> (I-4) Institutional 4 (Day Care, etc.)	<input type="checkbox"/> (M) Mercantile <input type="checkbox"/> (R-1) Residential 1 (Hotels, Motels) <input type="checkbox"/> (R-2) Residential 2 (Multiple Family) <input type="checkbox"/> (R-3) Residential 3 (Single-Family, Child & Adult Care) <input type="checkbox"/> (R-4) Residential 4 (Assisted Living) <input type="checkbox"/> (S-1) Storage 1 (Moderate Hazard) <input type="checkbox"/> (S-2) Storage 2 (Low Hazard) <input type="checkbox"/> (U) Utility (Miscellaneous)	
Alteration, repairs and additions – Provide a description of work to be covered by the building permit. As examples; <i>20,000 sq. ft. roof covering; building a 2,300 sq. ft. addition; replace 5 exterior doors; renovate basement in residence, etc.</i>			
VI. BUILDING DATA			
A. Type of Mechanical System			
B. Will The Building Have A Fire Suppression System? <input type="checkbox"/> Yes <input type="checkbox"/> No			
C. TYPE OF CONSTRUCTION			
<input type="checkbox"/> 1A – NON-COMBUSTIBLE (PROTECTED STRUCTURAL ELEMENTS) 3 HR <input type="checkbox"/> 1B – NON-COMBUSTIBLE (RATED STRUCTURAL ELEMENTS) 2HR <input type="checkbox"/> 2A – NON-COMBUSTIBLE (RATED STRUCTURAL ELEMENTS) 1HR <input type="checkbox"/> 2B – NON-COMBUSTIBLE (NON RATED STRUCTURAL ELEMENTS)	<input type="checkbox"/> 3A – NO COMBUSTIBLES (EXTERIOR WALLS ONLY) <input type="checkbox"/> 3B – ON-COMBUSTIBLE (BEARING WALLS RATED) <input type="checkbox"/> 4 – HEAVY TIMBER <input type="checkbox"/> 5A COMBUSTIBLE (STRUCTURAL ELEMENTS RATED) 1HR <input type="checkbox"/> 5B – COMBUSTIBLE (ALL ELEMENTS NOT RATED)		
D. DIMENSIONS/DATA			
FLOOR AREA	EXISTING	ALTERATIONS	NEW
Basement	_____	_____	_____
1 st & 2 nd Floor	_____	_____	_____
3 rd – 10 th Floor	_____	_____	_____
11 th – Above	_____	_____	_____
Total Area	_____	_____	_____
E. NUMBER OF OFF STREET PARKING			
ENCLOSED _____		OUTDOORS _____	

VII. SITE OR PLOT PLAN - FOR APPLICANT USE. ATTACH ADDITIONAL SHEET IF NECESSARY

A large, empty rectangular area with a thin black border, intended for the applicant to draw a site or plot plan. The area is completely blank and occupies the majority of the page's vertical space.

VIII. SIGNATURE

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 and the City of Wixom. 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 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 Owner (required)

Type or Print:

Signature of Owner's Agent (required)

Type or Print:

BUILDING PERMIT FEE ENCLOSED:
(Based on fee schedule adopted April 1, 2008)

\$

IX. LOCAL GOVERNMENT 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	<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- SEWER	<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				

X. VALIDATION - FOR DEPARTMENT USE ONLY

DEPARTMENT VALUATION:

Zoning District:

Use Group:

Square Feet:

Type of Construction:

Certificate of Occupancy Required? YES NO

ADMINISTRATIVE FEE	\$
ZONING REVIEW	\$
CONTRACTOR REGISTRATION	\$
PERMIT FEE	\$
PLAN REVIEW FEE	\$
SEWER TAP-IN FEE	\$
PERFORMANCE BOND	\$
ENGINEERING ESCROW	\$
CERTIFICATE OF OCCUPANCY	\$
OTHER	\$
	\$
	\$
TOTAL DUE	\$
DEPARTMENT APPROVAL SIGNATURE:	
TITLE:	DATE: