

**DEPARTMENT OF TRANSPORTATION  
DEVELOPMENT DIVISION, FLINT, MICHIGAN  
(formerly Building Inspections)  
PHONE: (810) 766-7284  
APPLICATION FOR BUILDING PERMIT**

Date \_\_\_\_\_ Plan File No.: \_\_\_\_\_ Permit No. \_\_\_\_\_

**IMPORTANT - Applicant to complete all items in Sections: I, II, III, IV and V**

<b>I. LOCATION OF BUILDING</b>	At (Location) _____ (No.) (Street) Between _____ And _____ (Cross Street) (Cross Street) Legal Description _____	Zoning District _____
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**II. TYPE AND COST OF BUILDING - IF WORK IS STARTED PRIOR TO OBTAINING PROPER PERMIT FINES MAY BE CHARGED UP TO \$500.**

<b>A. OWNERSHIP</b> 1. Private (individual, corporation, nonprofit institution, etc.) 2. Public (Federal, State or Local Government)  <b>B. TYPE OF IMPROVEMENT</b> 3. New Buildings Complete the following for the use of the building 493.0 Miscellaneous - Specify _____ _____ 493.1 One Family Dwelling 493.2 Multi Family Dwelling Enter # of units _____ 493.3 Residential Buildings - Residential Garages, Hotels Enter # of units _____	493.4 Institutional Buildings - Jails, Hospitals 493.5 Storage Buildings - Public Garages 493.6 Mercantile Buildings - Retail Stores, Shops 493.7 Business Buildings - Offices, Serv. Stations 493.8 Assembly Buildings - Churches, Restaurant 494.6 Industrial Buildings - Bakery, Assembly Plants 4. Repairs, Alterations and Additions 494.7 Residential Repairs, Additions and Alterations 494.8 Nonresidential Repairs, Additions and Alterations 5. Wrecking and Moving - Utilities Sealed 495.3 Wrecking & Moving Type of building wrecked or moved _____ 6. Foundation Only 7. 495.2 Sign Permit
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<b>C. COST BREAKDOWN MUST BE PROVIDED IF APPLICABLE</b>	Permit Fee:	Plan Review Fee:	Total:
(Omit Cents) a. General Construction ..... \$ b. Electrical .....\$ c. Plumbing.....\$ d. Heating, air conditioning.....\$ e. Other (elevator, etc.).....\$  <b>TOTAL COST OF IMPROVEMENT \$</b>	TYPE OF WORK:        COMMENTS:		

**III. SELECTED CHARACTERISTICS OF BUILDING**

<b>D. PRINCIPAL TYPE OF FRAME</b> Masonry (wall bearing) Wood Frame Structural steel Reinforced concrete Other - <i>Specify</i>		<b>G. DIMENSIONS</b> Number of stories.....  Total square feet of floor area, all floors, based on exterior dimensions  Total land area sq. ft.....	
<b>E. PRINCIPAL TYPE OF HEATING</b> Gas Oil Electricity Coal Other - <i>Specify</i>	<b>F. TYPE OF MECHANICAL</b> Will there be air conditioning? Yes or No  Will there be an elevator? Yes or No	<b>NUMBER OF PARKING SPACES:</b>  Enclosed Outdoors	<b>RESIDENTIAL BUILDINGS ONLY:</b>  # of Bedrooms # of Bathrooms Full ____ Half

<b>IV. 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
<b>C. CONTRACTOR</b>			
NAME		TELEPHONE NO.	
ADDRESS	CITY	STATE	ZIP CODE
<b>EMAIL ADDRESS</b>			
BUILDERS LICENSE #		EXPIRATION DATE	
FED. EMP. ID# OR REASON FOR EXEMPTION			
WORKERS COMP. INSURANCE CARRIER OR REASON FOR EXEMP.			
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION			
<b>V. APPLICANT INFORMATION</b>			
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
Federal ID # / 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.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ A.D.

\_\_\_\_\_, NOTARY PUBLIC, GENESEE COUNTY, MICHIGAN - My commission expires: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I HEREBY STATE UNDER OATH THAT THE INFORMATION SUBMITTED IS TRUE AND COMPLETE AND CONTAINS A CORRECT DESCRIPTION OF THE BUILDING OR STRUCTURE, LOT AND PROPOSED WORK.

PERSON MAKING THIS STATEMENT (check one)

Owner \_\_\_\_\_ Attorney \_\_\_\_\_ Agent \_\_\_\_\_ Architect/ Engineer \_\_\_\_\_ Contractor \_\_\_\_\_

**SIGNATURE OF APPLICANT**

<b>VI.</b>		
APPROVED FOR ISSUE OF PERMIT	_____	DATE
	BY	
NOT APPROVED FOR ISSUE OF PERMIT	_____	DATE
	BY	
REASON FOR REJECTION:		

