APPLICATION FOR BUILDING PERMIT - CITY of FLINT, MICHIGAN

BUSINESS SERVICES & PERMITTING DIVISION | 1101 S. Saginaw St. - RM S106

Monday - Thursday 9am - 3pm | (810) 766-7284

Michigan Building Codes: Residential - 2015 / Commercial - 2021

Date: _____

Permit # _____

Plan File # _____

Check # _____

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

I. Location of Building

At _____ Zoning District
(No.) (Street)

Between: _____ and _____
(Cross Street) (Cross Street)

Parcel ID #:

II. Type and cost of Building - If work is started prior to obtaining proper permit, fines may be charged up to $1,000.00

A. OWNERSHIP
1. Private (individual, corporation, nonprofit, institution, etc.
2. Public (Federal, State, or Local Government)

B. TYPE OF IMPROVEMENT
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 | # of units _____
493.3 Res. Buildings - Residential garages, Hotels # of units _____
493.4 Institutional Building - 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, Alterations, & Additions
494.8 Non-Res Repairs, Alterations, & Additions
5. Wrecking and Moving - Utilities Sealed
495.3 Demo - Residential / Commercial
6. Foundation Only
7. 495.2 Sign Permit
8. 492.0 Survey Inspection

** $ 75.00 of PERMIT FEE IS NON-REFUNDABLE * | * MAKE CHECKS PAYABLE TO "The City of Flint" **

C. Cost breakdown must be provided if applicable	**Permit Fee:**	**Plan Review Fee:**	**Total:**

a. General Construction	$
b. Electrical	$
c. Plumbing	$
d. Mechanical	$
e. Other (elevator, fire suppression, etc.)	$
Total Cost of Improvement	**$**

TYPE OF WORK:

COMMENTS:

III. Selected Characteristics of Building

A. *Principal Type of Frame*
Masonry (wall bearing)
Wood Frame
Structural Steel
Reinforced Concrete
Other - Specify

B. *Dimensions*
Number of Stories _____
Total square feet of floor area, all floors, based on exterior dimensions _____
Total land area sq. ft. _____

Notice of Payment Deadline

The required payment must be submitted within five (5) days.
If payment is not received within this period, the permit application will be canceled.

IV. A. Owner or Lessee			
Name:		Telephone #	
Address:	City:	State:	Zip Code:
B. Architect or Engineer			
Name:		Telephone #	
Address:	City:	State:	Zip Code:
C. Contractor			
Name:		Telephone #	
Address:	City:	State:	Zip Code:
Email Address:			
Builders License #		Expiration Date:	
Fed. Emp. ID # or reason for exemption			
Workers Comp. Insurance carrier or reason for exemption			
MESC Employer Number or reason for exemption			
V. Applicant Information			
Notice of Payment Deadline. The required payment must be submitted within five (5) days. If payment is not received within this period, the permit application will be canceled			
Name of person responsible: (not company name)		Telephone #	
Address:	City:	State:	Zip Code:

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.

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: **WITNESSED BY:**

(*Must be legible*)

VI.		
APPROVED FOR ISSUE OF PERMIT	_____	_____
	By	Date
NOT APPROVED FOR ISSUE	_____	_____
	By	Date

REASON FOR REJECTION:

Revised 7/29/26