

DEVELOPMENT DIVISION, FLINT, MICHIGAN

(formerly Building Inspections)

PHONE: (810) 766-7284

APPLICATION FOR BUILDING PERMIT

MICHIGAN BUILDING CODES: RESIDENTIAL – 2015 / COMMERCIAL - 2015

Date _____

Plan File No.: _____

Permit No. _____

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

I. LOCATION OF BUILDING	At (Location) _____ Zoning District _____ (No.) (Street) Between _____ And _____ (Cross Street) (Cross Street) Legal Description _____
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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 \$825.00

<p>A. OWNERSHIP</p> <p>1. Private (individual, corporation, nonprofit institution, etc.)</p> <p>2. Public (Federal, State or Local Government)</p> <p>B. TYPE OF IMPROVEMENT</p> <p>3. New Buildings Complete the following for the use of the building</p> <p>493.0 Miscellaneous - Specify _____</p> <p>493.1 One Family Dwelling</p> <p>493.2 Multi Family Dwelling Enter # of units _____</p> <p>493.3 Residential Buildings - Residential Garages, Hotels Enter # of units _____</p>	<p>493.4 Institutional Buildings - Jails, Hospitals</p> <p>493.5 Storage Buildings - Public Garages</p> <p>493.6 Mercantile Buildings - Retail Stores, Shops</p> <p>493.7 Business Buildings - Offices, Serv. Stations</p> <p>493.8 Assembly Buildings - Churches, Restaurant</p> <p>494.6 Industrial Buildings - Bakery, Assembly Plants</p> <p>4. Repairs, Alterations and Additions</p> <p>494.7 Residential Repairs, Additions and Alterations</p> <p>494.8 Nonresidential Repairs, Additions and Alterations</p> <p>5. Wrecking and Moving - Utilities Sealed</p> <p>495.3 Wrecking & Moving Type of building wrecked or moved _____</p> <p>6. Foundation Only</p> <p>7. 495.2 Sign Permit</p>
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\$ 75.00 of PERMIT FEE IS NON-REFUNDABLE

C. COST BREAKDOWN MUST BE PROVIDED IF APPLICABLE	Permit Fee:	Plan Review Fee:	Total:
(Omit Cents) a. General Construction \$ b. Electrical\$ c. Plumbing.....\$ d. Heating, air conditioning.....\$ e. Other (elevator, etc.).....\$ TOTAL COST OF IMPROVEMENT \$	TYPE OF WORK: COMMENTS:		

III. SELECTED CHARACTERISTICS OF BUILDING

<p>D. PRINCIPAL TYPE OF FRAME</p> <p>Masonry (wall bearing)</p> <p>Wood Frame</p> <p>Structural steel</p> <p>Reinforced concrete</p> <p>Other - <i>Specify</i></p>		<p>G. DIMENSIONS</p> <p>Number of stories.....</p> <p>Total square feet of floor area, all floors, based on exterior dimensions</p> <p>Total land area sq. ft.....</p>
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<p>E. PRINCIPAL TYPE OF HEATING</p> <p>Gas</p> <p>Oil</p> <p>Electricity</p> <p>Coal</p> <p>Other - <i>Specify</i></p>	<p>F. TYPE OF MECHANICAL</p> <p>Will there be air conditioning? Yes or No</p> <p>Will there be an elevator? Yes or No</p>	<p>NUMBER OF PARKING SPACES:</p> <p>Enclosed</p> <p>Outdoors</p>	<p>RESIDENTIAL BUILDINGS ONLY:</p> <p># of Bedrooms</p> <p># of Bathrooms</p> <p>Full ____ Half</p>
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IV. OWNER OR LESSEE			
NAME		TELEPHONE NO.	
ADDRESS	CITY	STATE	ZIP CODE
B. ARCHITECT OR ENGINEER			
NAME		TELEPHONE NO.	
ADDRESS	CITY	STATE	ZIP CODE
C. CONTRACTOR			
NAME		TELEPHONE NO.	
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 EXEMP.			
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION			
V. APPLICANT INFORMATION			
Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information.			
Name of person responsible (Not company name)		Telephone No.	
Address	City	State	Zip
Federal ID #			

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:

VI.	
APPROVED FOR ISSUE OF PERMIT _____	DATE _____
BY _____	
NOT APPROVED FOR ISSUE OF PERMIT _____	DATE _____
BY _____	
REASON FOR REJECTION:	