



WASHTENAW COUNTY BUILDING INSPECTION

705 N. ZEEB RD, P.O. BOX 8645, ANN ARBOR, MI 48107-8645

PHONE (734) 222-3900

FAX (734) 222-3930

24 HOUR INSPECTION REQUESTS (734) 222-3720

TO APPLY FOR PERMITS ONLINE – <http://buildinginspection.ewashtenaw.org>

APPLICATION FOR BUILDING PERMIT

AUTHORITY: P.A. 230 OF 1972, AS AMENDED COMPLETION: MANDATORY TO OBTAIN PERMIT PENALTY: APPLICATION MUST BE COMPLETED AND SIGNED OR PERMIT WILL NOT BE ISSUED	PROJECT NUMBER: PERMIT NUMBER:
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APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, V, VI, AND VII

NOTE: SEPARATE APPLICATIONS MUST BE MADE FOR:
 PLUMBING, MECHANICAL, AND ELECTRICAL PERMITS

I. LOCATION OF BUILDING		
ADDRESS	PROPERTY ID NUMBER	
CITY / VILLAGE	TOWNSHIP	ZIP CODE
DIRECTION TO SITE		

II. IDENTIFICATION			
A. OWNER OR LESSEE			
NAME		DAYTIME TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
EMAIL		FAX NUMBER	
B. ARCHITECT OR ENGINEER			
NAME		DAYTIME TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
LICENSE NUMBER & EXPIRATION DATE		FAX NUMBER	EMAIL
C. CONTRACTOR			
NAME		DAYTIME TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
BUILDER LICENSE NUMBER & EXPIRATION DATE		FAX NUMBER	EMAIL

III. TYPE OF IMPROVEMENT AND PLAN REVIEW			
A. TYPE OF IMPROVEMENT			
1. <input type="checkbox"/> NEW BUILDING	4. <input type="checkbox"/> REPAIR / REPLACE	7. <input type="checkbox"/> POLE BARN with	8. <input type="checkbox"/> SWIMMING POOL
2. <input type="checkbox"/> ADDITION/ALTERATION	5. <input type="checkbox"/> DEMOLITION	7A. <input type="checkbox"/> GRAVEL FLOOR	9. <input type="checkbox"/> DECK
3. <input type="checkbox"/> RELOCATION	6. <input type="checkbox"/> FOUNDATION ONLY	7B. <input type="checkbox"/> CONCRETE FLOOR	10. <input type="checkbox"/> OTHER
B. REVIEW(S) TO BE PERFORMED			
<input type="checkbox"/> BUILDING	<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> PLUMBING	<input type="checkbox"/> MECHANICAL
		<input type="checkbox"/> ENERGY	

IV. PROPOSED USE OF BUILDING

PROPOSED USE - RESIDENTIAL	PROPOSED USE - NON-RESIDENTIAL
<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi-Family (number of Units ____) <input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached garage <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Walkout Basement <input type="checkbox"/> Crawl Space <input type="checkbox"/> # of Bedrooms _____ <input type="checkbox"/> # of Bathrooms: Full ____ Partial ____	<input type="checkbox"/> Wood Burning Stove <input type="checkbox"/> Masonry Fireplace <input type="checkbox"/> Gas Log <input type="checkbox"/> Wood Burning <input type="checkbox"/> Pre-Fab Fireplare <input type="checkbox"/> Gas Log <input type="checkbox"/> Wood Burning <input type="checkbox"/> Deck <input type="checkbox"/> Modular Home <input type="checkbox"/> Mobile Home <input type="checkbox"/> Occupied <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> _____ <input type="checkbox"/> _____
	<input type="checkbox"/> Assembly <input type="checkbox"/> Business _____ <input type="checkbox"/> Factory Use Group <input type="checkbox"/> Hazardous <input type="checkbox"/> Institutional <input type="checkbox"/> Mercantile _____ <input type="checkbox"/> Storage Construction Classification <input type="checkbox"/> Food Service <input type="checkbox"/> DSS Facility <input type="checkbox"/> Hazardous materials _____ to be stored on site Occupancy Load <input type="checkbox"/> Utility or Miscellaneous

Is there a fireplace in a bedroom: Yes No

DESCRIBE PROJECT IN DETAIL:**V. SELECT 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

- | | | | | |
|--|---------------------------------|---|---|------------------------------------|
| 6. GAS <input type="checkbox"/> LP
<input type="checkbox"/> NATURAL | 7. <input type="checkbox"/> OIL | 8. <input type="checkbox"/> ELECTRICITY | 9. <input type="checkbox"/> GEO THERMAL | 10. <input type="checkbox"/> OTHER |
|--|---------------------------------|---|---|------------------------------------|

C. TYPES OF SEWAGE DISPOSAL

- | | |
|---|--|
| 11. <input type="checkbox"/> PUBLIC SEWER | 12. <input type="checkbox"/> SEPTIC SYSTEM |
|---|--|

D. TYPE OF WATER

- | | |
|---|---|
| 13. <input type="checkbox"/> PUBLIC WATER | 14. <input type="checkbox"/> PRIVATE WELL |
|---|---|

E. TYPE OF MECHANICAL

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

F. DIMENSIONS

- | | |
|-----------------------------|--------------------------------|
| 17. NUMBER OF STORIES _____ | 18. FLOOR AREA: BASEMENT _____ |
| | 1 ST FLOOR _____ |
| | 2 ND FLOOR _____ |
| | OTHER FLOOR _____ |
| | TOTAL AREA _____ |
| COST OF CONSTRUCTION _____ | OVERALL DIMENSIONS _____ |

G. NUMBER OF STREET PARKING SPACES (COMMERCIAL CONSTRUCTION)

- | | |
|--------------------|--------------------|
| 19. ENCLOSED _____ | 20. OUTDOORS _____ |
|--------------------|--------------------|

VI. SOIL EROSION

YES NO Is the proposed project INTERIOR work only. (If yes a SESC permit, waiver, or exemption is not needed.)

All other projects must contact the Office of the Water Resources Commissioner. A SOIL EROSION AND SEDIMENTATION CONTROL (SESC) PERMIT, WAIVER OR EXEMPTION IS REQUIRED BEFORE A BUILDING PERMIT CAN BE ISSUED.

Office of Water Resource Commissioner, 705 N. Zeeb Rd., (second Floor) P.O. Box 8645, Ann Arbor, MI 48107,
drains@ewashtenaw.org Phone 734-222-6860, Fax 734-222-6803

VII. APPLICANT INFORMATION

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION.

NAME		DAYTIME TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
EMAIL		FAX 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. I/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.

**PURSUANT TO PUBLIC ACT 135 OF 1989
 ALL BUILDING INSPECTION PERMIT APPLICANTS MUST FILL OUT**

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

License Number: _____ Phone Number: _____

1. Workers Compensation Carrier: _____

2. Federal/Tax ID. Number: _____

3. MESC Number: _____

Submit a copy of Contractor's and Master's License with the fee of \$15.00 per license, per license cycle, along with a copy of license holder's driver's license.

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 PERFORM WORK ON A RESIDENTIAL BUILDING OR RESIDENTIAL STRUCTURE. VIOLATORS OF SECTION 23A ARE SUBJECT TO CIVIL FINES.

SIGNATURE OF APPLICANT

DATE

FOR OFFICE USE ONLY – DO NOT WRITE ON THIS PAGE

ADDITIONAL APPROVALS OR DOCUMENTS

	REQUIRED ?		NOTES:
A – ZONING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
B – 2 SITE PLANS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
C – (2) SETS OF BUILDING PLANS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
D – DRIVEWAY PERMIT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
E – TAP IN SHEETS (LOCH ALPINE)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
F – SOIL EROSION	<input type="checkbox"/> YES	<input type="checkbox"/> NO	SOI#
G – POLLUTION PREVENTION	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
H – FOOD SERVICE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
I – HEALTH PERMITS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	SEW# WEL#
J – HEALTH ADDITION OFFICE REVIEW	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ARV#
K – HEALTH ADDITION SITE REVIEW	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ARV#
L – LICENSE REGISTRATION	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
M – HOMEOWNERS AFFIDAVIT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
N – OTHER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

DESCRIPTION OF WORK:

REVIEW(S) PERFORMED

ELECTRICAL _____ BY / DATE
 PLUMBING _____ BY / DATE
 MECHANICAL _____ BY / DATE

Application Fee \$30.00 _____
Plan Review _____
Building Permit Fee _____
Certificate of Occupancy Fee _____
GIS Fee \$5.00 _____
Set Back Fee _____

Use Group

Construction Classification

Occupancy Load

Approved By:	
_____	_____
Building Dept.	Date
_____	_____
Title	

ADDITIONAL COMMENTS:

TOTAL DUE UPON PICK-UP _____