



BUILDING PERMIT APPLICATION

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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
 Inspections: 866-458-7358 (IVR) automated system 24 hours/day
 Online permit information: <http://permits.ewashtenaw.org>
www.washtenaw.org/building

Authority: 1972 PA230, as amended
Completion: Mandatory to obtain permit
Penalty: Application must be completed and signed or permit will not be issued

Applicant must complete all items in Sections I, II, III, IV, V, VI and VII.

Separate applications must be made for Electrical, Plumbing, and Mechanical Permits.

Case Number
Permit Number

I. Location of Building

Site Street Address	Property ID Number		
City/Village	Township	Zip Code	
Directions to Site			

II. Identification

A. Owner or Lessee

Name	Daytime Phone		
Street Address	City	State	Zip Code
Email	Fax		

B. Architect or Engineer

Name	Daytime Phone		
Street Address	City	State	Zip Code
Email	Fax		

C. Contractor

Name	Daytime Phone		
Street Address	City	State	Zip Code
Email	Fax		

III. Type of Improvement and Plan Review

A. Type of Improvement

<input type="checkbox"/> New Building	<input type="checkbox"/> Repair / Replace	<input type="checkbox"/> Deck	<input type="checkbox"/> Pole Barn: <input type="checkbox"/> Gravel Floor <input type="checkbox"/> Concrete Floor	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Addition / Alteration	<input type="checkbox"/> Demolition	<input type="checkbox"/> Swimming Pool		
<input type="checkbox"/> Relocation	<input type="checkbox"/> Foundation Only			

B. Reviews to be Performed

<input type="checkbox"/> Building	<input type="checkbox"/> Electrical	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Energy
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IV. Proposed Use of Building

Proposed Use: RESIDENTIAL		Proposed Use: NON-RESIDENTIAL	
<input type="checkbox"/> Single Family	<input type="checkbox"/> Wood Burning Stove	<input type="checkbox"/> Assembly	Use Group: _____
<input type="checkbox"/> Two Family	<input type="checkbox"/> Masonry Fireplace:	<input type="checkbox"/> Business	
<input type="checkbox"/> Multi-Family: # of Units: _____	<input type="checkbox"/> Gas Log <input type="checkbox"/> Wood Burning	<input type="checkbox"/> Factory	_____
<input type="checkbox"/> Attached Garage	<input type="checkbox"/> Pre-Fab Fireplace:	<input type="checkbox"/> Hazardous	Construction Classification: _____
<input type="checkbox"/> Detached Garage	<input type="checkbox"/> Gas Log <input type="checkbox"/> Wood Burning	<input type="checkbox"/> Institutional	
<input type="checkbox"/> Finished Basement	<input type="checkbox"/> Deck	<input type="checkbox"/> Mercantile	_____
<input type="checkbox"/> Unfinished Basement	<input type="checkbox"/> Modular Home	<input type="checkbox"/> Storage	Occupancy Load: _____
<input type="checkbox"/> Walkout Basement	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Food Service	
<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Other: _____	<input type="checkbox"/> DSS Facility	
<input type="checkbox"/> # of Bedrooms: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Hazardous materials to be stored on site	
<input type="checkbox"/> # of Bathrooms: Full: _____ Partial: _____		<input type="checkbox"/> Utility or Miscellaneous	
Is the home occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there a fireplace in a bedroom? <input type="checkbox"/> Yes <input type="checkbox"/> No			

IS THIS PROPERTY LOCATED IN A FLOOD HAZARD AREA OR FLOOD PLAIN? Yes No

Describe project in detail:

V. Select Characteristics of Building

A. Principal Type of Frame

<input type="checkbox"/> Masonry Wall Bearing	<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Wood Frame
<input type="checkbox"/> Other: _____			

B. Principal Type of Heating

<input type="checkbox"/> Gas: <input type="checkbox"/> LP <input type="checkbox"/> Natural	<input type="checkbox"/> Oil	<input type="checkbox"/> Electric	<input type="checkbox"/> Geothermal
<input type="checkbox"/> Other: _____			

C. Type of Sewage Disposal

<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Septic System
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D. Type of Water Supply

<input type="checkbox"/> Public Water	<input type="checkbox"/> Private Well
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E. Type of Mechanical

Will there be air conditioning? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will there be an elevator? <input type="checkbox"/> Yes <input type="checkbox"/> No
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F. Dimensions

Number of Stories: _____	Overall Dimensions: _____			
Total Floor Area: _____	Basement: _____	1st Floor: _____	2nd Floor: _____	Other Floor: _____

Cost of Construction:

G. Number of Street Parking Spaces (COMMERCIAL CONSTRUCTION)

Enclosed: _____	Outdoors: _____
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VI. Soil Erosion

Will there be any EARTH CHANGE ACTIVITY? This includes installation of driveways and/or any grading of the site. Yes No

For further information, please contact:

Washtenaw County Office of the Water Resources Commissioner
705 N. Zeeb Rd., P.O. Box 8645, Ann Arbor, MI 48107-8645
Phone: 734-222-6860
Fax: 734-222-6803
drains@washtenaw.org

VII. Applicant Information

Applicant is responsible for the payment of all fees and charges applicable to this application.

Name	Daytime Phone		
Street Address	City	State	Zip Code
Email	Fax		

Pursuant to Public Act 135 of 1989 - All building inspection applicants must complete the following information (where applicable).

Company Name			
Street Address	City	State	Zip Code
Phone	Email		
License Number			
Workers Compensation Carrier			
Federal / Tax ID Number			
MESC Number			

If registering, submit the following with this application:

- Copy of Contractor's and Master's license
- Copy of license holder's driver's license
- Fee of \$15 per license, per license cycle

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 relating to persons who are to perform work on a residential building or residential structure. Violators of section 23a are subjected to civil fines.

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/their 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.

Signature of Applicant	Date
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Item	Required?	Notes
Zoning	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2 Site Plans	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2 Sets of Building Plans	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Driveway Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tap in Sheets (Loch Alpine)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Soil Erosion	<input type="checkbox"/> Yes <input type="checkbox"/> No	SOI #:
Pollution Prevention	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Food Service	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Health Permits	<input type="checkbox"/> Yes <input type="checkbox"/> No	SEW #: WEL #:
Health Addition Office Review	<input type="checkbox"/> Yes <input type="checkbox"/> No	ARV #:
Health Addition Site Review	<input type="checkbox"/> Yes <input type="checkbox"/> No	ARV #:
License Registration	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Homeowner's Affidavit	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Description of Work

Review(s) Performed

<input type="checkbox"/> Electrical By: _____ Date: _____	<input type="checkbox"/> Plumbing By: _____ Date: _____	<input type="checkbox"/> Mechanical By: _____ Date: _____
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Fees	Plan Review
Application Fee: <u> \$30.00 </u>	Use Group: _____
Plan Review Fee: _____	Construction Classification: _____
Building Permit Fee: _____	Occupancy Load: _____
Certificate of Occupancy Fee: _____	
GIS Fee: <u> \$5.00 </u>	
Set Back Fee: _____	

Approval

Approved By: _____	Building Department: _____
Title: _____	Date: _____

Additional Comments

Total Due Upon Pick-up: \$ _____