

CITY OF PONTIAC
DEPARTMENT OF BUILDING & SAFETY

47450 Woodward Avenue
 Pontiac Michigan 48342
 248-758-2800/FAX 248-758-2827

Email Permit Applications to permits@pontiac.mi.us
 Email Inspections requests to inspections@pontiac.mi.us

APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

| | |
|---|---|
| Authority: P.A. 230 of 1972, As Amended Completion: Mandatory to Obtain Permit Penalty: \$200.00 If Work Started Without Permit | The Building & Safety Department will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap, or political beliefs. |
|---|---|

APPLICANT MUST COMPLETE ALL ITEMS IN SECTION I, II, III, IV, V, AND VI. NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED FOR PLUMBING, MECHANICAL, AND ELECTRICAL WORK PERMITS.

A Non-Refundable Fee of \$35.00 will be charged for processing Building Permit Applications.

| | | | |
|--|------------------------|--|-------------------|
| I. PROJECT INFORMATION | | | |
| Legal Description | Parcel Number | | Permit Number |
| Project Name | | Address | |
| City PONTIAC | State MICHIGAN | County OAKLAND | Zip Code |
| Between | | And | |
| II. IDENTIFICATION | | | |
| A. OWNER OR LESSEE | | | |
| Name | | Address | |
| City | State | Zip Code | Telephone Number |
| B. ARCHITECT OR ENGINEER | | | |
| Name | | Address | |
| City | State | Zip Code | Telephone Number |
| License Number | | Expiration Date | |
| C. CONTRACTOR | | | |
| Name | | Address | |
| City | State | Zip Code | Telephone Number |
| Builders License Number | | Expiration Date | |
| Federal Employer ID Number or Reason For Exemption | | Workers Comp Insurance Carrier or Reason For Exemption | |
| MESC Employer Number or Reason For Exemption | | | |
| III. TYPE OF IMPROVEMENT AND PLAN REVIEW | | | |
| A. TYPE OF IMPROVEMENT | | | |
| 1. ___ New Building | 2. ___ Addition | 3. ___ Alteration | 4. ___ Repair |
| 5. ___ Demolition | | | |
| 6. ___ Mobile Home Set-Up | 7. ___ Foundation Only | 8. ___ Pre-manufacture | 9. ___ Relocation |
| 10. ___ Special Inspection | | | |
| B. REVIEW (S) TO BE PERFORMED | | | |
| ___ Building | ___ Electrical | ___ Mechanical | ___ Plumbing |
| ___ Foundation | ___ Historic District | | |

IV. PROPOSED USE OF BUILDING**A. RESIDENTIAL**

1. ___ One Family 2. ___ Two Or More Family (No. of Units) ___ 3. ___ Hotel, Motel (No. of Units) ___
 4. ___ Attached Garage 5. ___ Detached Garage 6. ___ Other _____

B. NON-RESIDENTIAL

7. ___ Amusement 8. ___ Church, Religion 9. ___ Industrial 10. ___ Parking Garage
 11. ___ Service Station 12. ___ Hospital, Institutional 13. ___ Office, Bank, Professional 14. ___ Public Utility
 15. ___ School, Library, Educational 16. ___ Store, Mercantile 17. ___ Tanks, Towers 18. ___ Other _____

DESCRIPTION -DESCRIBE IN DETAIL PROPOSED USE OF BUILDING AND SPECIFY TYPE OF WORK BEING PERFORMED AT THE SITE**V. SELECTED CHARACTERISTICS OF BUILDING****A. PRINCIPAL TYPE OF FRAME**

1. ___ Masonry, Wall Bearing 2. ___ Wood Frame 3. ___ Structural Steel 4. ___ Reinforced Concrete
 5. ___ Other _____

B. PRINCIPAL TYPE OF HEATING FUEL

6. ___ Gas 7. ___ Oil 8. ___ Electricity 9. ___ Coal 10. ___ Other _____

C. TYPE OF SEWAGE DISPOSAL

11. ___ Public or Private Company 12. ___ Septic System

D. TYPE OF WATER SUPPLY

13. ___ Public or Private Company 14. ___ Private Well or Cistern

E. TYPE OF MECHANICAL

15. ___ Will There Be Air Conditioning? ___ Yes ___ No 16. Will There Be Fire Suppression? ___ Yes ___ No

F. DIMENSIONS/DATA

| | | Existing | Alterations | New |
|-----------------------------|--|----------|-------------|-------|
| 17. Number of Stories _____ | 21. Floor Area: | _____ | _____ | _____ |
| 18. Use Group _____ | Basement | _____ | _____ | _____ |
| 19. Construction Type _____ | 1 st & 2 nd Floor | _____ | _____ | _____ |
| 20. No. of Occupants _____ | 3 rd - 10 th Floor | _____ | _____ | _____ |
| | 11 th & Above | _____ | _____ | _____ |
| | Total Area | _____ | _____ | _____ |

G. NUMBER OF OFF STREET PARKING SPACES

22. Enclosed _____ 23. Outdoors _____

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

| | | | |
|---------|------|------------------|----------|
| Name | | Telephone Number | |
| Address | City | State | Zip Code |

Federal I.D. Number/Social Security Number _____

I HEREBY CERTIFY THAT THE OWNER OF RECORD AUTHORIZES THE PROPOSED WORK AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER 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 23 a 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 a residential structure. Violations of section 23a are subjected to civil fines.

SIGNATURE OF APPLICANT

| | |
|-----------------------------------|---|
| Plan Review Fee Enclosed \$ _____ | Applicant's estimated Market value \$ _____ |
|-----------------------------------|---|

| | |
|---------------------------------------|-------------------------------------|
| Building Permit Fee Enclosed \$ _____ | Estimated time for completion _____ |
|---------------------------------------|-------------------------------------|

Building Inspectors estimate of Market Value \$ _____

VII. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION

ENVIRONMENTAL CONTROL APPROVALS

| Plans are enclosed with this application | REQUIRED? | APPROVED | DATE | NUMBER | BY |
|--|---|----------|------|--------|----|
| A - ZONING | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| B - FIRE DISTRICT | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| C - POLLUTION CONTROL | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| D - NOISE CONTROL | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| E - SOIL EROSION | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| F - FLOOD ZONE | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| G - WATER SUPPLY | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| H - SEPTIC SYSTEM | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| I - VARIANCE GRANTED | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| J - HISTORIC DISTRICT | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| K - OTHER | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

VIII. VALIDATION - FOR DEPARTMENT USE ONLY

| | | |
|-------------------|-----------------------------|------------------------|
| Use Group _____ | Height of Building _____ | Size of Building _____ |
| Square Feet _____ | Type of Construction _____ | Zoning _____ |
| Base Fee _____ | Number of Inspections _____ | |

Approval Signature: _____ **Date:** _____

Title: _____

