

# 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](mailto:permits@pontiac.mi.us)

Email Inspections requests to [inspections@pontiac.mi.us](mailto:inspections@pontiac.mi.us)

### APPLICATION FOR TEAM INSPECTION

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.

**NOTE: APPLICANT MUST COMPLETE ALL ITEMS IN SECTION I, II, III.**

**A Non-Refundable Fee of \$35.00 will be charged for processing  
Team Inspection Application Fee \$350.00**

<b>I. PROPERTY INFORMATION</b>			
Legal Description		Parcel Number	
Project Name		Address	
City <b>PONTIAC</b>	State <b>MICHIGAN</b>	County <b>OAKLAND</b>	Zip Code
Between		And	
<b>II. IDENTIFICATION</b>			
<b>A. OWNER OR AGENT</b>			
Name		Address	
City	State	Zip Code	Telephone Number
<b>B. REQUESTOR INFORMATION</b>			
Name		Address	
City	State	Zip Code	Telephone Number
<b>PROPOSED USE AND OCCUPANCY OF BUILDING</b>			
<input type="checkbox"/> RESIDENTIAL		<input type="checkbox"/> COMMERCIAL	
<b>IS THIS PROPERTY TO BE USED AS A BOARDING/ROOMING HOUSE OR TRANSITIONAL FACILITY?</b>			
<input type="checkbox"/> YES		<input type="checkbox"/> NO	
<b>A. TYPE OF INSPECTION</b>			
1. <input type="checkbox"/> CONDEMNATION	2. <input type="checkbox"/> FHA/VA SALE	3. <input type="checkbox"/> SPECIAL REPORT	4. <input type="checkbox"/> RE-OCCUPANCY
6. <input type="checkbox"/> HOME BUYER ASSISTANCE	7. <input type="checkbox"/> CHANGE OF USE	8. <input type="checkbox"/> TRANSFER OF TEAM	\$50.00
<b>B. INSPECTORS TO PERFORM TEAM</b>			
<input type="checkbox"/> Building	<input type="checkbox"/> Electrical	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Zoning	<input type="checkbox"/> Business License	<input type="checkbox"/> Fire Marshal	

**III. EXISTING 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.**

**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

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.

**SIGNATURE OF APPLICANT**

**DATE**

**FOR OFFICE USE ONLY**

<b>Received by</b>	<b>Date</b>
<b>Payment Amount</b>	<b>Check or Money Order #</b>