



APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

CITY OF MOUNT CLEMENS COMMUNITY DEVELOPMENT DEPARTMENT
ONE CROCKER BOULEVARD, MOUNT CLEMENS, MI 48043



Office: (586) 469-6800 EXT 3;

Email: bbaisden@mountclemens.gov

Scheduling Inspections: inspections@mountclemens.gov

Permit No. _____

PERMIT FEES AND BONDS MUST BE PAID WITH TWO SEPARATE CHECKS

| | |
|---|---|
| AUTHORITY: P.A. 230 of 1972, as amended COMPLETION: Mandatory to obtain permit PENALTY: Permit will not be issued | The 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 SUPPLY ALL INFORMATION IN SECTION I, II, III, IV, V AND VI

In order to avoid delay – all forms must be completely filled out and plans must contain required information.

NOTE: Separate applications must be completed for electrical, mechanical, and plumbing permits

I. PROJECT INFORMATION

| | | | |
|--------------|-------------|-------------|--|
| Project Name | | Address | |
| Lot Number | Subdivision | Parcel ID # | |

II. IDENTIFICATION

| | | | | |
|---|--|--|--|------------|
| <input type="checkbox"/> Owner <input type="checkbox"/> Property Manager | | | | |
| Name | | Address | | Phone |
| | | | | Cell Phone |
| City | | State | Zip Code | Facsimile |
| | | | | Email |
| Architect or Engineer <input type="checkbox"/> Check box if not applicable | | | | |
| Name | | Address | | Phone |
| | | | | Cell Phone |
| City | | State | Zip Code | Facsimile |
| | | | | Email |
| License/Registration Number | | | Expiration Date | |
| Contractor <input type="checkbox"/> Check box if permit is to be issued to the owner | | | | |
| Name | | Address | | Phone |
| | | | | Cell Phone |
| City | | State | Zip Code | Facsimile |
| | | | | Email |
| Builders License Number | | Expiration Date | Federal Employer ID Number or Reason For Exception | |
| Workers Comp Insurance Carrier or Reason For Exception | | MESC Employer Number or Reason For Exception | | |

III. PROJECT DESCRIPTION, TYPE OF IMPROVEMENT AND PLAN REVIEW

| | |
|--|--------------------------------------|
| Description of Project (full detail description on page 3): | Estimated Cost of Construction \$ |
| Type of Improvement – Check box(es) that are applicable | |
| 1. <input type="checkbox"/> New Building 3. <input type="checkbox"/> Alteration 5. <input type="checkbox"/> Demolition 7. <input type="checkbox"/> Foundation Only 9. <input type="checkbox"/> Relocation 2. <input type="checkbox"/> Addition 4. <input type="checkbox"/> Repair 6. <input type="checkbox"/> Mobile Home Set-up 8. <input type="checkbox"/> Premanufactured 10. <input type="checkbox"/> Other _____ | |
| Review(s) requested to be performed | |
| <input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Foundation <input type="checkbox"/> Other _____ | |

IV. PROPOSED USE OF BUILDING/IMPROVEMENT

| | | | | | |
|--|--|---|--|--|--|
| RESIDENTIAL | | | <input type="checkbox"/> CHECK BOX IF NOT APPLICABLE | | |
| 1. <input type="checkbox"/> One Family | 4. <input type="checkbox"/> Detached Accessory Structure (>200 s.f.) | 7. <input type="checkbox"/> Pool/Hot Tub | | | |
| 2. <input type="checkbox"/> Duplex | 5. <input type="checkbox"/> Attached Garage | 8. <input type="checkbox"/> Deck/Porch | | | |
| 3. <input type="checkbox"/> Multi-Family, No. of units _____ | 6. <input type="checkbox"/> Mobile Home | 9. <input type="checkbox"/> Other _____ | | | |
| NON-RESIDENTIAL | | | <input type="checkbox"/> CHECK BOX IF NOT APPLICABLE | | |
| 10. <input type="checkbox"/> Amusement | 14. <input type="checkbox"/> Service Station | 18. <input type="checkbox"/> School, Library, Educational | | | |
| 11. <input type="checkbox"/> Church, Religion | 15. <input type="checkbox"/> Hospital, Institutional | 19. <input type="checkbox"/> Store, Mercantile | | | |
| 12. <input type="checkbox"/> Industrial | 16. <input type="checkbox"/> Office, Bank, Professional | 20. <input type="checkbox"/> Tanks, Tower | | | |
| 13. <input type="checkbox"/> Parking Garage | 17. <input type="checkbox"/> Public Utility | 21. <input type="checkbox"/> Other _____ | | | |
| <p>NON-RESIDENTIAL: Describe the proposed use of the building, e.g. Food Processing Plant, Machine Shop, Laundry Building at Hospital, Elementary School, Secondary School, College, Parochial School, Parking Garage for Department Store, Rental Office Building, Office Building at Industrial Plant. If use of existing building is being changed, enter proposed use. Please indicate multiple uses separately (e.g. office and machine shop).</p> <p>_____</p> <p>_____</p> | | | | | |

V. SELECTED 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 FUEL | | | | | |
| 6. <input type="checkbox"/> Gas | 7. <input type="checkbox"/> Oil | 8. <input type="checkbox"/> Electricity | 9. <input type="checkbox"/> Coal | 10. <input type="checkbox"/> Other | |
| C. TYPE OF SEWAGE DISPOSAL | | D. TYPE OF WATER SUPPLY | | E. NUMBER OF BATHROOMS | |
| 11. <input type="checkbox"/> Public or Private Company | | 13. <input type="checkbox"/> Public or Private Company | | <input type="checkbox"/> 1-2 | |
| 12. <input type="checkbox"/> Septic System | | 14. <input type="checkbox"/> Private Well or Cistern | | <input type="checkbox"/> >3 | |
| F. TYPE OF MECHANICAL | | | | | |
| 15. Will there be air conditioning? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | 16. Will there be fire suppression? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| G. DIMENSIONS/DATA | | | | | |
| 17. Number of Stories _____ | 21. Floor Area: | | Existing | Alterations | New |
| 18. Use Group _____ | Basement | | _____ | _____ | _____ |
| 19. Const. Type _____ | 1 st Floor | | _____ | _____ | _____ |
| 20. No. of Occupants _____ | 2 nd Floor | | _____ | _____ | _____ |
| <p>PLEASE NOTE THAT ALL BUILDING PERMIT FEES ARE CALCULATED BASED ON THE COST OF CONSTRUCTION</p> <p>Ask administrative staff for fee schedule.</p> | | | | | |

VI. APPLICANT INFORMATION

| | | | |
|---|-------|---------------|--------------|
| Name (Print) | | Address | |
| City | State | Zip Code | Phone Number |
| Drivers License Number | | Date of Birth | Email |
| 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 authorized agent, and we agree to conform to all applicable laws of the City of Mount Clemens and 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, 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. Violators of Section 23a are subject to civil fines. | | | |
| Signature Of Applicant (<u>Homeowner signature indicates compliance with Section VII. Homeowner Affidavit</u>) | | | Date |

VII. HOMEOWNER AFFIDIVAT

| |
|--|
| I hereby certify the building work described on this permit application shall be installed by myself in my own home in which I am living or about to occupy. All work shall be installed in accordance with the Building Code and shall not be enclosed, covered, used, or put into operation until it has been inspected and approved by the Building Inspector. I will cooperate with the Building Inspector and assume responsibility to arrange for necessary inspections. |
|--|

VIII. BUILDING DEPARTMENT REVIEW – FOR DEPARTMENT USE ONLY

| | |
|---------------------|-------|
| Approval Signature: | Date: |
|---------------------|-------|

IX. ADDITIONAL INFORMATION - DESCRIBE PROJECT IN DETAIL:
