



Administration Building
 319 Tittabawassee, Saginaw, Michigan 48604 (989) 755-0931

Note: Separate Applications Must Be Completed for Plumbing, Mechanical, and Electrical Work Permits

I. PROJECT INFORMATION			
PROJECT NAME		ADDRESS	
NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH JOB IS LOCATED <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWNSHIP OF:		COUNTY	ZIP CODE
BETWEEN		AND	
II. IDENTIFICATION			
A. OWNER OR LESSEE			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	PHONE # ()
B. ARCHITECT OR ENGINEER			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	PHONE # ()
LICENSE #		EXPIRATION DATE	
C. CONTRACTOR			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	PHONE # ()
BUILDERS LICENSE #		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. <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"/> PREMANUFACTURE 10. <input type="checkbox"/> SPECIAL INSPECTION			
B. PLAN REVIEW REQUIRED			
Plans must be submitted with an Application for Plan Examination and the appropriate fee before a permit can be issued, except as listed below.			
Plans are not required for alterations and repair work determined by the building official to be of a minor nature.			
Plans and specifications are required for all other building types and shall be prepared by or under the direct supervision of an architect or engineer licensed pursuant to 1980 PA 299 and shall bear that architect's or engineer's seal signature.			
Plan Review Submission No. _____			

IV. PROPOSED USE OF BUILDING				
A. RESIDENTIAL				
1. <input type="checkbox"/> ONE FAMILY	3. <input type="checkbox"/> HOTEL, MOTEL	5. <input type="checkbox"/> DETACHED GARAGE		
2. <input type="checkbox"/> TWO OR MORE FAMILY # OF UNITS _____	4. <input type="checkbox"/> ATTACHED GARAGE	6. <input type="checkbox"/> OTHER _____		
B. NON-RESIDENTIAL				
7. <input type="checkbox"/> AMUSEMENT	11. <input type="checkbox"/> SERVICE STATION	15. <input type="checkbox"/> SCHOOL, LIBRARY, EDUCATIONAL		
8. <input type="checkbox"/> CHURCH, RELIGION	12. <input type="checkbox"/> HOSPITAL, INSTITUTIONAL	16. <input type="checkbox"/> STORE, MERCANTILE		
9. <input type="checkbox"/> INDUSTRIAL	13. <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL	17. <input type="checkbox"/> TANKS, TOWERS		
10. <input type="checkbox"/> PARKING GARAGE	14. <input type="checkbox"/> PUBLIC UTILITY	18. <input type="checkbox"/> OTHER _____		
NONRESIDENTIAL-DESCRIBE IN DETAIL PROPOSED USE OF 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.				
V. SELECTED CHARACTERISTICS OF BUILDING				
A. PRINCIPAL TYPE OR 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				
11. <input type="checkbox"/> PUBLIC OR PRIVATE COMPANY	12. <input type="checkbox"/> SEPTIC SYSTEM			
D. TYPE OF WATER SUPPLY				
13. <input type="checkbox"/> PUBLIC OR PRIVATE COMPANY	14. <input type="checkbox"/> PRIVATE WELL OR CISTERN			
E. 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		
F. DIMENSIONS/DATA				
17. # OF STORIES _____	EXISTING	ALTERATIONS	NEW	
18. USE GROUP _____	21. FLOOR AREA:			
19. CONSTRUCTION TYPE _____	BASEMENT	_____	_____	_____
20. # OF OCCUPANTS _____	1ST & 2ND FLOOR	_____	_____	_____
	3RD - 10TH FLOOR	_____	_____	_____
	11TH - ABOVE	_____	_____	_____
	TOTAL AREA	_____	_____	_____
G. NUMBER OF OFF STREET PARKING SPACES				
22. ENCLOSED _____	23. OUTDOORS _____			

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

NAME ADDRESS

CITY STATE ZIP CODE PHONE # ()

FEDERAL EMPLOYER ID # (REASON FOR EXEMPTION)

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 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. 1523 A, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to work on a residential building or a residential structure. Violaters of section 23a are subjected to civil fines.

SIGNATURE OF APPLICANT**BUILDING PERMIT FEE ENCLOSED \$ _____**

(THE FIRST \$75.00 OF AN APPLICATION IS NON-REUNDABLE)

VII. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION

ENVIROMENTAL CONTROLS APPROVAL

	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. WATTER 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. OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO				

VII. VALIDATION FOR DEPARTMENT USE ONLY

USE GROUP _____ BASE FEE _____

TYPE OF CONSTRUCTION _____ NUMBER OF INSPECTIONS _____

SQUARE FEET _____

APPROVAL SIGNATURE

TITLE DATE

