



**COMMUNITY DEVELOPMENT
BUILDING/INSPECTION DIVISION**

4550 Walnut Lake Road
West Bloomfield, MI 48325
(248) 451-4842 Phone
(248) 451-4871 Facsimile
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www.wbtwp.com

**BUILDING & ZONING PERMIT
APPLICATION**

APPLICATION MUST BE FILLED OUT COMPLETELY

I. LOCATION OF BUILDING	
ADDRESS	
SUBDIVISION	LOT #
SIDWELL #	ZONING DISTRICT

Application Fee: _____

Project Number: J _____

Permit Number: PB _____

II. IDENTIFICATION			
A. OWNER OR LESSEE		EMAIL ADDRESS	FAX NO.
NAME		TELEPHONE NO.	
ADDRESS	CITY	STATE	ZIP CODE
B. ARCHITECT OR ENGINEER		EMAIL ADDRESS	FAX NO.
NAME		TELEPHONE NO.	
ADDRESS	CITY	STATE	ZIP CODE
LICENSE NUMBER		EXPIRATION DATE	
C. CONTRACTOR		EMAIL ADDRESS	FAX NO.
NAME		TELEPHONE NO.	
ADDRESS	CITY	STATE	Zip Code
BUILDERS LICENSE NUMBER		EXPIRATION DATE	
FEDERAL EMPLOYER NUMBER OR REASON FOR EXEMPTION			
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION			
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION			

III. TYPE OF IMPROVEMENT	ESTIMATED COST OF CONSTRUCTION		
1. <input type="checkbox"/> NEW BUILDING	4. <input type="checkbox"/> ALTERATION	7. <input type="checkbox"/> FOUNDATION ONLY	10. <input type="checkbox"/> POOL: <input type="checkbox"/> IN-GROUND <input type="checkbox"/> ABOVE GROUND
2. <input type="checkbox"/> ADDITION	5. <input type="checkbox"/> REPAIR	8. <input type="checkbox"/> PRE-MANUFACTURE	
3. <input type="checkbox"/> ACCESSORY STRUCTURE	6. <input type="checkbox"/> DEMOLITION	9. <input type="checkbox"/> OTHER _____	

IV. PROPOSED USE OF BUILDING			
A. RESIDENTIAL			
1. <input type="checkbox"/> MODEL	3. <input type="checkbox"/> TWO OR MORE FAMILY (# OF UNITS _____)	5. <input type="checkbox"/> DETACHED GARAGE	
2. <input type="checkbox"/> ONE FAMILY	4. <input type="checkbox"/> ATTACHED GARAGE	6. <input type="checkbox"/> OTHER _____	
B. NON-RESIDENTIAL			
7. <input type="checkbox"/> AMUSEMENT	10. <input type="checkbox"/> SERVICE STATION	13. <input type="checkbox"/> PUBLIC UTILITY	16. <input type="checkbox"/> TANKS, TOWERS
8. <input type="checkbox"/> CHURCH, RELIGION	11. <input type="checkbox"/> HOSPITAL, INSTITUTIONAL	14. <input type="checkbox"/> STORE, MERCANTILE	17. <input type="checkbox"/> OTHER _____
9. <input type="checkbox"/> INDUSTRIAL	12. <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL	15. <input type="checkbox"/> SCHOOL, LIBRARY, EDUCATIONAL	
NON-RESIDENTIAL – 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, RETAIL 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 OF FOUNDATION SYSTEM			
1. <input type="checkbox"/> CONCRETE SLAB/FOOTING	3. <input type="checkbox"/> BASEMENT WALL/FOOTING	5. <input type="checkbox"/> WOOD FOUNDATION	7. <input type="checkbox"/> PILE FOUNDATION
2. <input type="checkbox"/> CRAWL SPACE/FOOTING	4. <input type="checkbox"/> MASONRY UNIT FOUNDATION	6. <input type="checkbox"/> PIER FOUNDATION	8. <input type="checkbox"/> OTHER _____



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B. PRINCIPAL TYPE OF FRAME			
9. <input type="checkbox"/> MASONRY WALL BEARING. 10. <input type="checkbox"/> WOOD FRAME 11. <input type="checkbox"/> STRUCTURAL STEEL 12. <input type="checkbox"/> REINFORCED CONCRETE 13. <input type="checkbox"/> OTHER _____			
C. TYPE OF SEWAGE DISPOSAL			
14. <input type="checkbox"/> PUBLIC		15. <input type="checkbox"/> SEPTIC SYSTEM	
D. TYPE OF WATER SUPPLY			
16. <input type="checkbox"/> PUBLIC		17. <input type="checkbox"/> WELL SYSTEM	
E. TYPE OF MECHANICAL			
18. <input type="checkbox"/> WILL THERE BE AIR CONDITION? <input type="checkbox"/> YES <input type="checkbox"/> NO 18.A WILL THE UNITS BE LOCATED IN THE SIDE YARD? <input type="checkbox"/> YES <input type="checkbox"/> NO			
19. <input type="checkbox"/> WHAT IS THE INPUT RATING OF THE HEATING SYSTEM IN THE BUILDING? _____ BTU's 20. WILL THERE BE AN ELEVATOR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
21. WILL THERE BE A FIRE SUPPRESSION SYSTEM? <input type="checkbox"/> YES <input type="checkbox"/> NO			
F. ELECTRICAL			
22. <input type="checkbox"/> WHAT IS THE RATING OF THE SERVICE OR FEEDER IN AMPERES? _____			
23. <input type="checkbox"/> WILL THERE BE A FIRE ALARM SYSTEM? <input type="checkbox"/> YES <input type="checkbox"/> NO			
G. NUMBER OF OFF-STREET PARKING SPACES			
24. Enclosed _____		25. Outdoor _____	
H. DIMENSIONS			
26. Number of stories _____		27. Building height _____	
28. Building Length _____		29. Building width _____	
30. Total square footage of building (all floors except unfinished basement) _____			
VI. PLAN REVIEW			
A. REVIEW(S) TO BE PERFORMED – SEE SECTION B, C, D BELOW BEFORE COMPLETING THIS SECTION			
1. BUILDING <input type="checkbox"/> PLAN SUBMITTED	2. PLUMBING <input type="checkbox"/> PLAN NOT REQUIRED <input type="checkbox"/> PLAN REQUIRED & SUBMITTED	3. MECHANICAL <input type="checkbox"/> PLAN NOT REQUIRED <input type="checkbox"/> PLAN REQUIRED & SUBMITTED	4. ELECTRICAL <input type="checkbox"/> PLAN NOT REQUIRED <input type="checkbox"/> PLAN REQUIRED & SUBMITTED
		5. ENERGY <input type="checkbox"/> WORKSHEET <input type="checkbox"/> SUBMITTED	
B. PLUMBING			
PLANS ARE NOT REQUIRED FOR THE FOLLOWING:			
1. One or two-family dwellings containing not more than 3,500 square feet of building area.			
2. Alterations and repair work determined by the plumbing official to be of a minor nature.			
3. Assembly, business, mercantile and storage buildings with a required plumbing fixture count less than 12			
4. Work completed by a governmental subdivision or state agency costing less than \$15,000.00.			
C. MECHANICAL			
PLANS ARE NOT REQUIRED FOR THE FOLLOWING:			
1. One and two-family dwellings when the total building heating/cooling system input rating is 375,000 BTU's or less.			
2. Alterations and repair work determined by the mechanical official to be of a minor nature.			
3. Business, mercantile, and storage buildings having HVAC equipment only, with one fire area and not more than 3,500 square feet.			
4. Work completed by a governmental subdivision or state agency costing less than \$15,000.00.			
D. ELECTRICAL			
PLANS ARE NOT REQUIRED FOR THE FOLLOWING:			
1. When the electrical system rating does not exceed 400 amps and the building is not over 3,500 square feet in area.			
2. Work completed by a governmental subdivision or state agency costing less than \$15,000.00.			
Plans 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 Act No. 299 or the Public Acts of 1980, as amended, and shall bear that architect's or engineer's signature and seal.			
VII. APPLICANT INFORMATION			
Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information.			
PRINT NAME		TELEPHONE NO.	
ADDRESS	CITY	STATE	ZIP CODE
FEDERAL I.D. NUMBER / SOCIAL SECURITY NUMBER			

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 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 125.15239, 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.

Date _____

Signature of Applicant _____