

CODE ENFORCEMENT SERVICES, INC.

611 E. Grand River Ave.
Howell, MI 48843

Phone: (517) 546-3861
Fax: (517) 546-3060

Authority: 1972 PA 230 Completion: Mandatory to obtain permit Penalty: Permit cannot be issued	CITY OF HOWELL BUILDING DEPARTMENT
--	---

BUILDING PERMIT APPLICATION

Applicant to Complete All Items in Sections I, II, III, IV, V and VI

Note: Separate Applications Must be Completed for Plumbing, Mechanical and Electrical Work Permits. Additional required documents may include County approved soil erosion control permit if required by the County.

I. Project or Facility Information			
PROJECT NAME		ADDRESS	
NAME OF CITY IN WHICH JOB IS LOCATED CITY OF HOWELL		COUNTY LIVINGSTON	ZIP CODE
APPLICANT EMAIL ADDRESS:			
II. Applicant/Facility Contact Information			
A. Applicant			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (include area code)
B. Owner or Lessee			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (include area code)
OWNER SIGNATURE			
C. Architect or Engineer			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (include area code)
LICENSE NUMBER			EXPIRATION DATE
D. Contractor			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (include area code)
BUILDERS LICENSE NUMBER			EXPIRATION DATE
FEDERAL EMPLOYER ID NUMBER (or reason for exemption)			
WORKERS COMP INSURANCE CARRIER (or reason for exemption)			
UNEMPLOYMENT INSURANCE AGENCY EMPLOYER ACCOUNT NUMBER (or reason for exemption)			

PERMIT FEE BREAKDOWN

PERMIT FEE = \$ _____

PLAN REVIEW FEE = \$ _____

PERFORMANCE BOND = \$ _____

TOTAL DUE = \$ _____

III. Type of Job

A. Type of Improvement

NEW BUILDING ALTERATION DEMOLITION FOUNDATION ONLY RELOCATION PORCH/DECK

ADDITION SIGN MOBILE HOME SET-UP PRE-MANUFACTURED FENCE ROOF

GARAGE/ACCESSORY STRUCTURE POOL OTHER: _____

B. Plan Review Required

3 sets of construction documents are required with each application for a permit, unless waived by the building official when code compliance can be determined based on the description in the application.

Construction documents must be sealed and signed by an architect or professional engineer in accordance with 1980, PA 299 as amended. The seal and signature is not required for one and two family dwellings less than 3,500 square feet of calculated floor area and public work projects less than \$15,000 in total construction cost.

For buildings regulated by the Michigan Building Code, 3 sets of construction documents must be submitted and approved before a building permit can be issued.

GIVE A BRIEF DESCRIPTION OF THE PROJECT: _____

IV. Plan Review Information

A. Residential – Buildings Regulated by the Michigan Residential Code

ONE FAMILY TOWNHOUSE - NO. OF UNITS _____ DETACHED GARAGE

TWO OR MORE FAMILY ATTACHED GARAGE OTHER _____

NO. OF UNITS _____

B. Buildings Regulated by the Michigan Building Code (COMMERCIAL ONLY)

<input type="checkbox"/> (A-1) ASSEMBLY (THEATRES, ETC.)	<input type="checkbox"/> (H-1) HIGH HAZARD (DETONATION)	<input type="checkbox"/> (M) MERCANTILE
<input type="checkbox"/> (A-2) ASSEMBLY (RESTAURANTS, BARS, ETC.)	<input type="checkbox"/> (H-2) HIGH HAZARD (DEFLAGRATION)	<input type="checkbox"/> (R-1) RESIDENTIAL 1 (HOTELS, MOTELS)
<input type="checkbox"/> (A-3) ASSEMBLY (CHURCHES, LIBRARIES, ETC.)	<input type="checkbox"/> (H-3) HIGH HAZARD (COMBUSTION)	<input type="checkbox"/> (R-2) RESIDENTIAL 2 (MULTIPLE FAMILY)
<input type="checkbox"/> (A-4) ASSEMBLY (INDOOR SPORTS, ETC.)	<input type="checkbox"/> (H-4) HIGH HAZARD (HEALTH HAZARD)	<input type="checkbox"/> (R-3) RESIDENTIAL 3 (CHILD & ADULT CARE)
<input type="checkbox"/> (A-5) ASSEMBLY (OUTDOOR SPORTS, ETC.)	<input type="checkbox"/> (H-5) HIGH HAZARD (HPM)	<input type="checkbox"/> (R-4) RESIDENTIAL 4 (ASSISTED LIVING)
<input type="checkbox"/> (B) BUSINESS	<input type="checkbox"/> (I-1) INSTITUTIONAL 1 (SUPERVISED)	<input type="checkbox"/> (S-1) STORAGE 1 (MODERATE HAZARD)
<input type="checkbox"/> (E) EDUCATION	<input type="checkbox"/> (I-2) INSTITUTIONAL 2 (HOSPITALS ETC.)	<input type="checkbox"/> (S-2) STORAGE 2 (LOW HAZARD)
<input type="checkbox"/> (F-1) FACTORY (MODERATE HAZARD)	<input type="checkbox"/> (I-3) INSTITUTIONAL 3 (PRISONS ETC.)	<input type="checkbox"/> (U) UTILITY (MISCELLANEOUS)
<input type="checkbox"/> (F-2) FACTORY (LOW HAZARD)	<input type="checkbox"/> (I-4) INSTITUTIONAL 4 (DAY CARE ETC.)	

V. Building Data

A. Type of Mechanical

WILL THERE BE FIRE SUPPRESSION? YES NO **FORCED AIR** YES NO **BOILER** YES NO

B. Type of Construction

<input type="checkbox"/> 1A – Non Combustible (Protected Structural Elements) 3HR	<input type="checkbox"/> 1B – Non Combustible (Rated Structural Elements) 2HR	<input type="checkbox"/> 2A – Non Combustible (Rated Structural Elements) 1HR
<input type="checkbox"/> 2B – Non Combustible (Non Rated Structural Elements)	<input type="checkbox"/> 3A – Non Combustibles (Exterior Walls Only)	<input type="checkbox"/> 3B – Non Combustible (Bearing Walls Rated)
<input type="checkbox"/> 4 – Heavy Timber	<input type="checkbox"/> 5A – Combustible (Structural Elements Rated) 1HR	<input type="checkbox"/> 5B – Combustible (All Elements Not Rated)

C. Dimensions / Data

Basement square footage = _____

1ST Floor square footage = _____

2ND Floor square footage = _____

Attached garage square footage = _____

Detached building square foot = _____

Deck square footage = _____

Construction valuation=\$_____

Note: This includes the costs of materials and labor to complete the project including all trades.

D. Sign Information						
Type: <input type="checkbox"/> FREESTANDING <input type="checkbox"/> WALL <input type="checkbox"/> WINDOW <input type="checkbox"/> PROJECTING						
Dimensions: LENGTH _____ WIDTH _____ HEIGHT _____						
VI. Zoning Information						
Zoning District						
<input type="checkbox"/> R-1	<input type="checkbox"/> R-2	<input type="checkbox"/> R-M	<input type="checkbox"/> B-1	<input type="checkbox"/> B-2	<input type="checkbox"/> CBD	<input type="checkbox"/> O-1
<input type="checkbox"/> HL-1	<input type="checkbox"/> HL-2	<input type="checkbox"/> PUD	<input type="checkbox"/> MXD	<input type="checkbox"/> I-1	<input type="checkbox"/> I-2	
Lot Size						
Lot Dimensions: WIDTH _____ LENGTH _____						
Corner Lot? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Setbacks						
Front _____ Rear _____ Right Side _____ Left Side _____						
Other						
Height (of building, sign or fence): _____						
Minimum distance between buildings: _____						
Easement or right-of-way on property? <input type="checkbox"/> YES <input type="checkbox"/> NO Tree Clearing? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Grading or excavation which changes site elevation by more than three feet? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Excavation or grading over 100 cubic yards of earth? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Storage of hazardous materials? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Number of off-street parking spaces (for non-residential projects): _____ Barrier-free spaces: _____						
VII. Signature						
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 125.1523a, 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 subjected to civil fines.						
SIGNATURE OF OWNER (If owner is applicant)				TYPE OR PRINT		
SIGNATURE OF OWNER'S AGENT				TYPE OR PRINT		
VIII. Validation – For Department Use Only						
ZONING APPROVAL SIGNATURE						
TITLE:				DATE		
BUILDING APPROVAL SIGNATURE						
TITLE:				DATE:		