

# CODE ENFORCEMENT SERVICES, INC.

215 West Main Street  
Northville, MI 48167

Phone: (248) 449-9902  
Fax: (248) 349-9244

Authority: 1972 PA 230  
Completion: Mandatory to obtain permit  
Penalty: Permit cannot be issued

## CITY OF NORTHVILLE 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 well, septic, driveway permits as well as a soil erosion control permit if required by the County.

I. Project or Facility Information			
PROJECT NAME		ADDRESS	
NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH JOB IS LOCATED <b>CITY OF NORTHVILLE</b>		COUNTY <b>OAKLAND AND WAYNE</b>	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)
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)			
III. Type of Job			
A. Type of Improvement			
<input type="checkbox"/> NEW BUILDING <input type="checkbox"/> ALTERATION <input type="checkbox"/> DEMOLITION <input type="checkbox"/> FOUNDATION ONLY <input type="checkbox"/> RELOCATION			
<input type="checkbox"/> ADDITION <input type="checkbox"/> SIGN <input type="checkbox"/> MOBILE HOME SET-UP <input type="checkbox"/> PRE-MANUFACTURED			

The following is a list of instructions and required documents to submit for New Construction/Additions. Place a checkmark in all boxes for items completed and attached.

**BUILDING PERMIT APPLICATION**

**REQUIRED SUBMITTALS**

- 1. Completed and signed permit application form.
- 2. Two sets of complete plans to include:
  - Site plan of property showing all buildings on the lot with setback distances to property lines from each building, porches and decks (front, rear and both sides)
  - Floor plan
  - Front, sides and rear elevations
  - Foundation plan with walkout details and emergency egress, if applicable
  - Window and door sizes and placement
  - Wall section detail
- 3. Two copies of completed Energy Code compliance sheets. You may use ResCheck or ComCheck.
- 4. Two copies of a certified grade survey which includes:
  - Topography lines at one foot intervals
  - Finish floor elevation
  - Adjacent center of street elevation
  - Proposed finished rough grade elevations, proposed drainage swales and or storm water drainage measures
- 5. One copy of Oakland or Wayne County Soil Erosion permit or waiver.
- 6. If tree removal is part of this project, submit a signed tree removal application complete with a site plan indicating trees to be removed.

Continue to page 2 and complete the rest of the application.

**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.

**GIVE A BRIEF DESCRIPTION OF THE PROJECT:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. Plan Review Information**

**A. Residential – Buildings Regulated by the Michigan Residential Code**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ONE FAMILY                               | <input type="checkbox"/> TOWNHOUSE - NO. OF UNITS _____ | <input type="checkbox"/> DETACHED GARAGE |
| <input type="checkbox"/> TWO OR MORE FAMILY<br>NO. OF UNITS _____ | <input type="checkbox"/> ATTACHED GARAGE                | <input type="checkbox"/> OTHER _____     |

**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.)  |   |

**NEW COMMERCIAL CONSTRUCTION** – Provide a brief description of the work to be covered by the building permit:  
\_\_\_\_\_  
\_\_\_\_\_

**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 = _____	Setbacks: Front=____ Rear=____ Side=____ Side=____
1 <sup>ST</sup> Floor square footage = _____	
2 <sup>ND</sup> Floor square footage = _____	
Attached garage square footage = _____	Construction valuation=\$_____
Detached building square foot = _____	<b>Note: This includes the costs of materials and labor to complete the project including all trades.</b>
Deck square footage = _____	

**D. Number of Off Street Parking Spaces**

ENCLOSED \_\_\_\_\_ OUTDOORS \_\_\_\_\_

**VI. 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
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SIGNATURE OF OWNER'S AGENT	TYPE OR PRINT
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In order to keep accurate record cards, the Assessing Department will also conduct inspection(s) of your new construction.

**VII. Local Governmental Agency to Complete This Section**

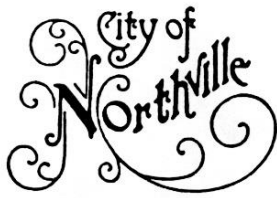
ENVIRONMENTAL CONTROL APPROVALS					
	REQUIRED?	APPROVED	DATE	NUMBER	BY
A – Zoning	<input type="checkbox"/> Yes <input type="checkbox"/> No				
B – Site Plan Approval	<input type="checkbox"/> Yes <input type="checkbox"/> No				
C – Soil Erosion	<input type="checkbox"/> Yes <input type="checkbox"/> No				
D – Well	<input type="checkbox"/> Yes <input type="checkbox"/> No				
E – Septic/Sewer	<input type="checkbox"/> Yes <input type="checkbox"/> No				

**VIII. Validation – For Department Use Only**

USE GROUP _____	PERMIT FEE BREAKDOWN
	PERMIT FEE = \$ _____
	PLAN REVIEW FEE = \$ _____
TYPE OF CONSTRUCTION _____	PERMIT FEE BASED ON ADOPTED FEE SCHEDULE = \$ _____

APPROVAL SIGNATURE	DATE
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TITLE: City of Northville Building Official	DATE
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# BUILDING DEPARTMENT BOND RETURN FORM

## INSTRUCTIONS

- Completed form is required for all Building Permits with a construction value of \$25,000 or more
- This form must be submitted at the time of application. Building permit will not be issued without signed form.
- If the permit or permit application includes the contractor's name, this form must be signed by both the Contractor and Property Owner.
- All changes require submission of a newly executed Bond Return Form

Property Address \_\_\_\_\_

Bond is refunded by check. Refund Bond to *[PRINT LEGIBLY]*:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

***If the permit or application indicates a Contractor, BOTH the Contractor and Property Owner must sign this form. Building Permit will not be issued if either signature is missing.***

Contractor Name \_\_\_\_\_  
PRINT NAME

Contractor Signature \_\_\_\_\_ Date \_\_\_\_\_

Property Owner Name \_\_\_\_\_  
PRINT NAME

Property Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE**

Permit # \_\_\_\_\_ Date Permit Issued \_\_\_\_\_

Bond # \_\_\_\_\_ Bond Amount \_\_\_\_\_

\_\_\_\_\_ (initial) Bond Return Form Scanned into Building Permit Program

\_\_\_\_\_ (initial) Bond Return Form filed with original Building Bond