

CITY OF LINDEN

132 E. Broad Street ♦ Linden, Michigan 48451-0507 ♦ (810) 735-7980 ♦ FAX (810) 735-4793

Building Permit and Plan Examination Application

Property address _____ TAX ID _____
Building Permit Fee _____
Plan Review/Escrow _____
Sewer Tap/Insp _____
Water Tap Fee _____

Construction Value _____ Permit Number _____

Adjustments may be required due to adopted guidelines for basis of construction value

Authority: P.A. 230 of 1972, as amended 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.
Completion: Mandatory to obtain permit
Penalty: Permit will not be issued

APPLICANT TO COMPLETE ALL ITEMS IN SECTIONS 1-6

NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED FOR PLUMBING, MECHANICAL, AND ELECTRICAL WORK PERMITS

1. Project Information

Project Name _____
Address _____
City/State/Zip _____
County _____
Between _____ and _____

2. Identification

A. Owner/Lessee
Name _____
Address _____
City/State/Zip _____
Phone () _____ Fax () _____

B. Architect/Engineer

Name _____
Address _____
City/State/Zip _____
Phone () _____ Fax () _____
License Number _____ Expiration Date _____

C. Contractor

Name _____
Address _____
City/State/Zip _____
Phone () _____ Fax () _____
License Number _____ 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 _____

3. Type of Improvement and Plan Review

A. Type of Improvement

- | | | |
|-----------------------|-----------------------------|------------------------------|
| _____ 1. New Building | _____ 5. Demolition | _____ 8. Premanufacture |
| _____ 2. Addition | _____ 6. Mobile Home Set Up | _____ 9. Relocation |
| _____ 3. Alteration | _____ 7. Foundation Only | _____ 10. Special Inspection |
| _____ 4. Repair | | |

11. Other- Describe Type of Improvement _____

4. Proposed Use of Building

A. Residential

- | | | |
|---|--|--------------------------|
| _____ 1. One Family | _____ 3. Hotel/Motel
of Units _____ | _____ 5. Detached Garage |
| _____ 2. Two or More Family
of Units _____ | _____ 4. Attached Garage | _____ 6. Other |

B. Non-Residential

- | | | |
|--|---|---|
| <input type="checkbox"/> 7. Amusement | <input type="checkbox"/> 11. Service Station | <input type="checkbox"/> 15. School, Library, Educational |
| <input type="checkbox"/> 8. Church, Religion | <input type="checkbox"/> 12. Hospital, Institutional | <input type="checkbox"/> 16. Store, Mercantile |
| <input type="checkbox"/> 9. Industrial | <input type="checkbox"/> 13. Office, Bank, Professional | <input type="checkbox"/> 17. Tanks, Towers |
| <input type="checkbox"/> 10. Parking Garage | <input type="checkbox"/> 14. Public Utility | <input type="checkbox"/> 18. Other |

Non-Residential-Describe in detail 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.

5. Selected Characteristics

A. Principal Type of Frame

- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> 1. Masonry, Wall Bearing | <input type="checkbox"/> 3. Structural Steel | <input type="checkbox"/> 5. Other |
| <input type="checkbox"/> 2. Wood | <input type="checkbox"/> 4. Reinforced Concrete | |

B. Principal Type of Heating Fuel

- | | | |
|---------------------------------|---|---|
| <input type="checkbox"/> 6. Gas | <input type="checkbox"/> 8. Electricity | <input type="checkbox"/> 10. Fire Place |
| <input type="checkbox"/> 7. Oil | <input type="checkbox"/> 9. Coal | <input type="checkbox"/> 11. Other |

C. Type of Mechanical

- | | | |
|-------------------------------------|------------------------------|-----------------------------|
| 12 Will there be Air Conditioning? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Will there be Fire Suppression? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

D. Type of Sewage Disposal

- | | |
|--|--|
| <input type="checkbox"/> 14. Public or Private Company | <input type="checkbox"/> 15. Septic System |
|--|--|

E. Type of Water Supply

- | | |
|--|--|
| <input type="checkbox"/> 16. Public or Private Company | <input type="checkbox"/> 17. Private Well or Cistern |
|--|--|

F. Dimensions/Data

18. Number of Stories	_____	19. Number of Bathrooms	_____
20. Use Group	_____	20. Number of Bedrooms	_____
21. Const. Type	_____	22. Size of Addition	_____
23. NO. of Occupants	_____	24. Basement Area	_____
25. Floor Area:	_____		
	Existing	Alterations	New
Basement	_____	_____	_____
1 st & 2 nd Floor	_____	_____	_____
3 rd -10 th Floor	_____	_____	_____
11 th & Above	_____	_____	_____
Total Area	_____	_____	_____

G. Number of Off Street Parking Spaces

26. Enclosed _____

27. Outdoors _____

6. 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 _____

Phone () _____ Fax () _____

Federal I.D./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/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 structure. Violations of Section 23a are subject to civil fines.

Applicants must provide two hard copies of construction plans, as well as an electronic copy of the plans to building@lindenmi.us.

Signature of Applicant _____

7. Local Governmental Agency to Complete this Section

Environmental Controls Approvals

	Required?	Approved	Date	Number	By
A - Zoning	Yes No				
B - Fire District	Yes No				
C- Flood Zone	Yes No				
D- Variance Granted	Yes No				
E - Soil Erosion **	Yes No				
F- Water Supply	Yes No				
G – Septic System	Yes No				
H - Other	Yes No				

** Soil Erosion Approval needed if project is located within 500 feet of water way

8. Validation- For Department Use Only

Inspections Required

Footing — _____

Backfill — _____

Insulation — _____

Rough Frame — _____

Final/Certificate
 of Occupancy _____

Approval Signature _____

Title _____ Date _____

9. Site or Plot Plan- For Applicant Use

