

APPLICATION FOR COMMERCIAL/INDUSTRIAL BUILDING PERMIT Page 1 of 3

CITY OF SALINE; 100 N. Harris St., Saline, MI 48176-1642 Phone: 734-429-8296 ext 2223, Fax: 734-429-5280

PERMIT USED FOR: COMMERCIAL, INDUSTRIAL, AND OTHER STRUCTURES- NEW CONSTRUCTION, REMODELING, ADDITONS, ETC.

Instructions-Applicant to complete all items in Sections I through VI.

I. Location of Building		
Address:		
City:	State:	Zip:
Crossroads:		
II. Identification (Tax Code Number):		
A. Owner or Lessee		
Name:	Telephone No.:	
Address:		
City:	State:	Zip:
B. Architect or Engineer		
Name:	Telephone No.:	
Address:		
City:	State:	Zip:
C. Contractor		
Name:	Telephone No.:	
Address:		
City:	State:	Zip:
Federal Employer I.D. Number:		
Workers Comp. Insurance Carrier:		
MESC Employer Number:		
III. Type of Improvement and Plan Review		
A. Type of Improvement:		
1. <input type="checkbox"/> New Building 2. <input type="checkbox"/> Addition 3. <input type="checkbox"/> Alteration 4. <input type="checkbox"/> Repair 5. <input type="checkbox"/> Wrecking 6. <input type="checkbox"/> Mobile Home Set-Up 7. <input type="checkbox"/> Foundation Only 8. <input type="checkbox"/> Pre-Manufacture 9. <input type="checkbox"/> Relocation 10. <input type="checkbox"/> Other		
B. Review to be performed:		
<input type="checkbox"/> Building <input type="checkbox"/> Energy <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Fireplace <input type="checkbox"/> Other		
C. Valuation of work proposed (Market Value) \$		Sq.Ft.:

IV. Proposed Use of Building:
A. Residential – (May require Demolition Permit also, if applicable)
<input type="checkbox"/> Single Family <input type="checkbox"/> Two or More Family (number of units =) <input type="checkbox"/> Hotel, Motel (number of units =) <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Attached or <input type="checkbox"/> Detached <input type="checkbox"/> Other (Specify: _____)
B. Non-Residential – (May require Demolition Permit also, if applicable)
<input type="checkbox"/> Amusement <input type="checkbox"/> Church, Religious <input type="checkbox"/> Industrial <input type="checkbox"/> Parking Garage <input type="checkbox"/> Store Mercantile <input type="checkbox"/> Service Station <input type="checkbox"/> Hospital, Institutional <input type="checkbox"/> Office, Bank, Professional <input type="checkbox"/> School, Library, Educational <input type="checkbox"/> Public Utility <input type="checkbox"/> Tanks, Towers <input type="checkbox"/> Other (Specify: _____)
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 Building.			
A. Principal Type of Frame			
<input type="checkbox"/> Masonry, Wall Bearing <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Post Frame <input type="checkbox"/> Panel Construction <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Other (Specify: _____)			
B. Building Use Group			
<input type="checkbox"/> Assembly: (<input type="checkbox"/> A-1 <input type="checkbox"/> A-2 <input type="checkbox"/> A-3 <input type="checkbox"/> A-4 <input type="checkbox"/> A-5 <input type="checkbox"/> Business <input type="checkbox"/> Educational <input type="checkbox"/> Factory & Industrial: (<input type="checkbox"/> F-1 <input type="checkbox"/> F-2 <input type="checkbox"/> High Hazard <input type="checkbox"/> H-1 <input type="checkbox"/> H-2 <input type="checkbox"/> H-3 <input type="checkbox"/> H-4 <input type="checkbox"/> Institutional: (<input type="checkbox"/> I-1 <input type="checkbox"/> I-2 <input type="checkbox"/> I-3 <input type="checkbox"/> Mercantile <input type="checkbox"/> Storage: (<input type="checkbox"/> S-1 <input type="checkbox"/> S-2 <input type="checkbox"/> Utility <input type="checkbox"/> Residential (<input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4			
C. Construction Type			
<input type="checkbox"/> 1-A <input type="checkbox"/> 1-B <input type="checkbox"/> 2-A <input type="checkbox"/> 2-B <input type="checkbox"/> 2-C <input type="checkbox"/> 3-A <input type="checkbox"/> 3-B <input type="checkbox"/> 4 <input type="checkbox"/> 5-A <input type="checkbox"/> 5-B			
Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information.			
Name:		Telephone No.:	
Address:			
City:		State:	Zip:
Federal I.D. No.:			
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, Act No. 230 of the Public Acts of 1972, being Section 124.1523a of Michigan Compiled Laws, 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.			
Fee enclosed \$			
Signature of Applicant:		Date Signed:	
VI. Zoning Information			
Zoning District:		Use Group:	
Setbacks			
North:	East:	South:	West:
Attach Site Plan			
Comments Section:			

OTHER PERMITS:

- Construction and replacement of a deck may require a Soil Erosion and Sedimentation Control permit or waiver from the Washtenaw County Office of Water Resources; call 734-222-3978
- Properties in Condominium Associations require furnishing of an approval letter from the Homeowners Association board for the project

CITY OF SALINE BUILDING DEPARTMENT

100 N. Harris St., SALINE, MICHIGAN 48176 (734) 429-8296 EXT. 2223, FAX: (734) 429-5280

All Building Permit Applicants,

The following is a list of requirements needed to process an application for Building Permit. All of the following items are to be submitted; failure to do so will result in application rejection.

1. Insurance information: copy of the contractors current license, and picture I.D. must be submitted on an annual basis, January 1 through December 31.
2. Please allow up to ten days for application review. More time may be required for complicated applications.
3. As prescribed by M.C.L. 125.1510 the following are required: three sets of site plans and two sets of drawings to scale, one set reduced to 11" by 17", drawn with sufficient clarity, detail and dimensions to show the nature and character of work to be performed. Projects of a minor nature may not need detailed drawings, this determination will be made by the Building Official. All building other than governmental costing less than \$15,000.00 and R-3 under 3,500 square feet, does not requires sealed drawings.
4. Indicate the total square footage for ALL BUILDING AREAS listing: All floor levels, including basement, garage, etc. on the first page of all sets of building plans.
5. Provide documentation for all pre-engineered components i.e. trusses, sill ties, I-joist, etc. and the Michigan Uniform Energy Code Compliance Form.
6. When work is performed by someone other than owner in fee, that person performing the work shall be registered with The City of Saline and shall submit an affidavit from the owner in fee that the work is authorized.
7. A homeowner's affidavit needs to be submitted when work is performed by owner in fee.
8. Federal ID number or reason for exemption must be submitted, if work is sub-contracted the Sub-Contractor's ID number must be submitted.
9. Worker's Compensation number, or reason for exemption must be submitted, if work is subcontracted, the Sub-Contractor's number must be submitted.
10. MESC number, or reason for exemption must be submitted, if work is sub-contracted the Sub-Contractors number must be submitted.
11. Zoning Approval.
12. Soil Erosion Permit or Waiver.
13. Food Service Establishments need to supply Letter of Approval from Washtenaw County Health Department at the time of application for building permit.
14. BOCA and HUD modular homes: Provide the serial number and certified inspection agency.