



# CITY OF FENTON

301 South Leroy Street ♦ Fenton, Michigan 48430-2196 ♦ (810) 629-2261 ♦ FAX (810) 629-2004

## Building Permit and Plan Examination Application

**Construction Value** \_\_\_\_\_ **Permit Number** \_\_\_\_\_

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

<b>Authority:</b>	P.A. 23 0 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.
<b>Completion:</b>	Mandatory to obtain permit	
<b>Penalty:</b>	Permit will not be issued	

### APPLICANT TO COMPLETE ALL ITEMS IN SECTIONS 1-6

**NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED FOR PLUMBING, MECHANICAL, AND ELECTRIACL 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       |                             |                              |

**B. Review(s) to be Performed**

- \_\_\_\_\_ 1. Building  
\_\_\_\_\_ 2. Foundation

**ANY ELECTRICAL, MECHANICAL, FIRE SUPPRESSION, AND PLUMBING REVIEWS ARE BY THE STATE OF MICHIGAN, BUREAU OF CONSTRUCTION CODES.**

**4. Proposed Use of Building**

**A. Residential**

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

**B. Non-Residential**

- |                    |                           |   |
|--------------------|---------------------------|---|
| _____ 7. Amusement | _____ 11. Service Station | _____ 15. School, Library,<br>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,<br>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.

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## 5. Selected Characteristics

### A. Principal Type of Frame

- |  |   |                                   |
|--|---|-----------------------------------|
| <input type="checkbox"/> 1. Masonry, Wall<br>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. Other |
| <input type="checkbox"/> 7. Oil | <input type="checkbox"/> 9. Coal        |                                    |

### C. Type of Sewage Disposal

- |  |  |
|--|--|
| <input type="checkbox"/> 11. Public or Private Company | <input type="checkbox"/> 12. Septic System |
|--|--|

### D. Type of Water Supply

- |  |  |
|--|--|
| <input type="checkbox"/> 13. Public or Private Company | <input type="checkbox"/> 14. Private Well or Cistern |
|--|--|

### E. Type of Mechanical

15. Will there be Air Conditioning?  Yes  No
16. Will there be Fire Suppression?  Yes  No

### F. Dimensions/Data

17. Number of Stories \_\_\_\_\_
18. Use Group \_\_\_\_\_
19. Const. Type \_\_\_\_\_
20. No. of Occupants \_\_\_\_\_
21. Floor Area:

Existing

Alterations

New



Basement \_\_\_\_\_  
 1st & 2nd Floor \_\_\_\_\_  
 3rd -10th Floor \_\_\_\_\_  
 11th & Above \_\_\_\_\_  
 Total Area \_\_\_\_\_

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

22. Enclosed \_\_\_\_\_  
 23. 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.

**Signature of Applicant** \_\_\_\_\_  
 Plan Review Fee Enclosed \$ \_\_\_\_\_ Building Permit Fee Enclosed \$ \_\_\_\_\_

**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 - Pollution Control	Yes No				
D - Noise Control	Yes No				
E - Soil Erosion	Yes No				



F - Flood Zone	Yes	No				
G - Water Supply	Yes	No				
H - Septic System	Yes	No				
I - Variance Granted	Yes	No				
J - Other	Yes	No				

**8. Validation- For Department Use Only**

Use Group	_____	Building Permit Fee	_____
Type of Construction	_____	Zoning Permit Fee	_____
Number of Inspections	_____	Construction Review Fee	_____
Square Feet	_____	Other Fee	_____
		<b>Total Fee</b>	_____

**Approval Signature** \_\_\_\_\_  
 Title \_\_\_\_\_ Date \_\_\_\_\_



## 9. Site or Plot Plan- For Applicant Use

