



City of Rochester Hills
Building Department
 1000 Rochester Hills Dr.
 Rochester Hills, MI 48309
 (248) 656-4615 Phone
 (248) 656-4623 Facsimile
 (248) 656-4619 24-Hour Inspection Line

BUILDING PERMIT APPLICATION
 APPLICATION MUST BE FILLED OUT COMPLETELY

I. LOCATION OF BUILDING	
ADDRESS _____	CITY _____ ZIP CODE _____
SUBDIVISION _____	LOT # _____
SIDWELL # _____	ZONING DISTRICT _____
II. IDENTIFICATION	
A. OWNER OR LESSEE	EMAIL ADDRESS _____ FAX NO. _____
NAME _____	TELEPHONE NO. _____
ADDRESS _____	CITY _____ STATE _____ ZIP CODE _____
B. ARCHITECT OR ENGINEER	EMAIL ADDRESS _____ FAX NO. _____
NAME _____	TELEPHONE NO. _____
ADDRESS _____	CITY _____ STATE _____ ZIP CODE _____
LICENSE NUMBER _____	EXPIRATION DATE _____
C. CONTRACTOR	EMAIL ADDRESS _____ FAX NO. _____
NAME _____	TELEPHONE NO. _____
ADDRESS _____	CITY _____ STATE _____ ZIP CODE _____
BUILDERS 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 _____	

APPLICATION FEE _____
 CASH RECEIPT # _____

III. TYPE OF IMPROVEMENT		ESTIMATED COST OF CONSTRUCTION _____
1. <input type="checkbox"/> NEW BUILDING	4. <input type="checkbox"/> ALTERATION	7. <input type="checkbox"/> MOBILE HOME SET-UP
2. <input type="checkbox"/> ADDITION	5. <input type="checkbox"/> REPAIR	8. <input type="checkbox"/> FOUNDATION ONLY
3. <input type="checkbox"/> ACCESSORY STRUCTURE	6. <input type="checkbox"/> DEMOLITION	9. <input type="checkbox"/> PRE-MANUFACTURE
		10. <input type="checkbox"/> RELOCATION
		11. <input type="checkbox"/> POOL <input type="checkbox"/> In Ground <input type="checkbox"/> Above Ground
		12. <input type="checkbox"/> OTHER (SPECIFY) _____

IV. PROPOSED USE OF BUILDING	
A. RESIDENTIAL	
1. <input type="checkbox"/> MODEL	3. <input type="checkbox"/> TWO OR MORE FAMILY (NO. OF UNITS _____)
2. <input type="checkbox"/> ONE FAMILY (PLAN NO. _____)	4. <input type="checkbox"/> HOTEL, MOTEL (NO. OF UNITS _____)
5. <input type="checkbox"/> ATTACHED GARAGE	7. <input type="checkbox"/> OTHER _____
6. <input type="checkbox"/> DETACHED GARAGE	
B. NON-RESIDENTIAL	
8. <input type="checkbox"/> AMUSEMENT	11. <input type="checkbox"/> PARKING GARAGE
9. <input type="checkbox"/> CHURCH, RELIGION	12. <input type="checkbox"/> SERVICE STATION
10. <input type="checkbox"/> INDUSTRIAL	13. <input type="checkbox"/> HOSPITAL, INSTITUTIONAL
14. <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL	17. <input type="checkbox"/> STORE, MERCANTILE
15. <input type="checkbox"/> PUBLIC UTILITY	18. <input type="checkbox"/> TANKS, TOWERS
16. <input type="checkbox"/> SCHOOL, LIBRARY, EDUCATIONAL	19. <input type="checkbox"/> OTHER _____

NON-RESIDENTIAL - 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 OF BUILDING	
A. PRINCIPAL TYPE OF FOUNDATION SYSTEM	
1. <input type="checkbox"/> CONCRETE SLAB/FOOTING	3. <input type="checkbox"/> BASEMENT WALL/FOOTING
2. <input type="checkbox"/> CRAWL SPACE/FOOTING	4. <input type="checkbox"/> MASONRY UNIT FOUNDATION
5. <input type="checkbox"/> WOOD FOUNDATION	7. <input type="checkbox"/> PILE FOUNDATION
6. <input type="checkbox"/> PIER FOUNDATION	8. <input type="checkbox"/> OTHER _____
B. PRINCIPAL TYPE OF FRAME	
9. <input type="checkbox"/> MASONRY WALL BEARING	10. <input type="checkbox"/> WOOD FRAME
11. <input type="checkbox"/> STRUCTURAL STEEL	12. <input type="checkbox"/> REINFORCED CONCRETE
13. <input type="checkbox"/> OTHER _____	

C. TYPE OF SEWAGE DISPOSAL14. PUBLIC15. SEPTIC SYSTEM**D. TYPE OF WATER SUPPLY**16. PUBLIC17. PRIVATE WELL**E. TYPE OF MECHANICAL**18. WILL THERE BE AIR CONDITIONING? YES NO20. WILL THERE BE AN ELEVATOR? YES NO

19. WHAT IS THE INPUT RATING OF THE HEATING SYSTEM IN THIS BUILDING? _____ BTU's

21. WILL THERE BE A FIRE SUPPRESSION SYSTEM? YES NO**F. ELECTRICAL**

22. WHAT IS THE RATING OF THE SERVICE OR FEEDER IN AMPERES? _____

23. WILL THERE BE A FIRE ALARM SYSTEM? YES NO**G. NUMBER OF OFF-STREET PARKING SPACES**

24. ENCLOSED _____

25. OUTDOORS _____

H. DIMENSIONS

26. NUMBER OF STORIES _____ 27. BUILDING HEIGHT _____ 28. BUILDING LENGTH _____ 29. BUILDING WIDTH _____

30. TOTAL SQUARE FOOTAGE OF BUILDING (ALL FLOORS EXCEPT UNFINISHED BASEMENT) _____

VI. PLAN REVIEW**A. REVIEW(S) TO BE PERFORMED – SEE SECTION B, C, D BELOW BEFORE COMPLETING THIS SECTION**

1. BUILDING

 PLAN SUBMITTED

2. PLUMBING

 PLANS NOT REQUIRED PLANS REQUIRED & SUBMITTED

3. MECHANICAL

 PLANS NOT REQUIRED PLANS REQUIRED & SUBMITTED

4. ELECTRICAL

 PLANS NOT REQUIRED PLANS REQUIRED & SUBMITTED

5. ENERGY

 WORKSHEET

SUBMITTED

B. PLUMBING

PLANS ARE NOT REQUIRED FOR THE FOLLOWING:

- One or two-family dwellings containing not more than 3,500 square feet of building area.
- Alterations and repair work determined by the plumbing official to be of a minor nature.
- Assembly, business, mercantile and storage buildings with a required plumbing fixture count less than 12.
- Work completed by a governmental subdivision or state agency costing less than \$15,000.00.

C. MECHANICAL

PLAN ARE NOT REQUIRED FOR THE FOLLOWING:

- One and two-family dwellings when the total building heating/cooling system input rating is 375,000 BTU's or less.
- Alterations and repair work determined by the mechanical official to be of a minor nature.
- Business, mercantile, and storage buildings having HVAC equipment only, with one fire area and not more than 3,500 square feet.
- Work completed by a governmental subdivision or state agency costing less than \$15,000.00.

D. ELECTRICAL

PLANS ARE NOT REQUIRED FOR THE FOLLOWING:

- When the electrical system rating does not exceed 400 amps and the building is not over 3,500 square feet in area.
- Work completed by a governmental subdivision or state agency costing less than \$15,000.00.

Plans are required for all other building types and shall be prepared by or under the direct supervision of an architect or engineer, licensed pursuant to Act No. 299 or the Public Acts of 1980, as amended, and shall bear that architect's or engineer's signature and seal.

VII. APPLICANT INFORMATION

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION.

PRINT NAME

TELEPHONE NO.

ADDRESS

CITY

STATE

ZIP

FEDERAL I.D. NUMBER / 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 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 125.15239, 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.

SIGNATURE OF APPLICANT _____

DATE _____