



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

BUILDING PERMIT APPLICATION



I. LOCATION OF BUILDING		
ADDRESS	CITY	ZIP CODE
SUBDIVISION	LOT #	
SIDWELL #	ZONING DISTRICT	
II. IDENTIFICATION		

Project # _____
 Permit # PB _____
 App Fee \$ _____
 Clerk _____

A. OWNER OR LESSEE		*REQUIRED 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			

III. TYPE OF IMPROVEMENT	ESTIMATED COST OF CONSTRUCTION \$ _____
1. <input type="checkbox"/> NEW BUILDING	4. <input type="checkbox"/> ALTERATION
2. <input type="checkbox"/> ADDITION	5. <input type="checkbox"/> REPAIR
3. <input type="checkbox"/> ACCESSORY STRUCTURE	6. <input type="checkbox"/> DEMOLITION
7. <input type="checkbox"/> MOBILE HOME SET-UP	8. <input type="checkbox"/> FOUNDATION ONLY
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	6. <input type="checkbox"/> PIER FOUNDATION
7. <input type="checkbox"/> PILE 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 DISPOSAL				
14. <input type="checkbox"/> PUBLIC		15. <input type="checkbox"/> SEPTIC SYSTEM		
D. TYPE OF WATER SUPPLY				
16. <input type="checkbox"/> PUBLIC		17. <input type="checkbox"/> PRIVATE WELL		
E. TYPE OF MECHANICAL				
18. WILL THERE BE AIR CONDITIONING? <input type="checkbox"/> YES <input type="checkbox"/> NO		20. WILL THERE BE AN ELEVATOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
19. WHAT IS THE INPUT RATING OF THE HEATING SYSTEM IN THIS BUILDING? _____ BTU's		21. WILL THERE BE A FIRE SUPPRESSION SYSTEM? <input type="checkbox"/> YES <input type="checkbox"/> NO		
F. ELECTRICAL				
22. WHAT IS THE RATING OF THE SERVICE OR FEEDER IN AMPERES? _____				
23. WILL THERE BE A FIRE ALARM SYSTEM? <input type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> PLAN SUBMITTED	2. PLUMBING <input type="checkbox"/> PLANS NOT REQUIRED <input type="checkbox"/> PLANS REQUIRED & SUBMITTED	3. MECHANICAL <input type="checkbox"/> PLANS NOT REQUIRED <input type="checkbox"/> PLANS REQUIRED & SUBMITTED	4. ELECTRICAL <input type="checkbox"/> PLANS NOT REQUIRED <input type="checkbox"/> PLANS REQUIRED & SUBMITTED	5. ENERGY <input type="checkbox"/> WORKSHEET SUBMITTED
B. PLUMBING				
PLANS ARE NOT REQUIRED FOR THE FOLLOWING:				
1. One or two-family dwellings containing not more than 3,500 square feet of building area.				
2. Alterations and repair work determined by the plumbing official to be of a minor nature.				
3. Assembly, business, mercantile and storage buildings with a required plumbing fixture count less than 12.				
4. Work completed by a governmental subdivision or state agency costing less than \$15,000.00.				
C. MECHANICAL				
PLAN ARE NOT REQUIRED FOR THE FOLLOWING:				
1. One and two-family dwellings when the total building heating/cooling system input rating is 375,000 BTU's or less.				
2. Alterations and repair work determined by the mechanical official to be of a minor nature.				
3. Business, mercantile, and storage buildings having HVAC equipment only, with one fire area and not more than 3,500 square feet.				
4. Work completed by a governmental subdivision or state agency costing less than \$15,000.00.				
D. ELECTRICAL				
PLANS ARE NOT REQUIRED FOR THE FOLLOWING:				
1. When the electrical system rating does not exceed 400 amps and the building is not over 3,500 square feet in area.				
2. 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 _____				

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.

NAME (PRINT) _____ EMAIL _____

SIGNATURE OF APPLICANT _____ DATE _____