



# BUILDING PERMIT APPLICATION

CHARTER TOWNSHIP OF YPSILANTI - OFFICE OF COMMUNITY STANDARDS

7200 S. HURON RIVER DR. - YPSILANTI, MI 48197 -- 734.485.3943

For Office Use Only

MINIMUM ITEMS NEEDED FOR SUBMITTAL (Office Use Only)

Plot Plan \_\_\_ Construction Drawings \_\_\_ (2 copies Residential / 3 copies Commercial / 3 copies New Home)

Signed Contract \_\_\_ Sketch Plan (signs) \_\_\_

## I. JOBSITE INFORMATION

|   |                                  |                                     |              |            |  |
|---|----------------------------------|-------------------------------------|--------------|------------|--|
| Street Address & Job Location (Street No. & Name) |                                  | Name of Owner / Agent / Telephone # |              |            |  |
| Lot Number  | Subdivision                      |                                     |              |            |  |
| Residential                                       | Homeowner Email Address Required |                                     | New          | Alteration |  |
| Commercial  |                                  |                                     | Service Only | Other      |  |

## II. CONTRACTOR / HOMEOWNER INFORMATION

|                             |            |                       |               |                 |
|-----------------------------|------------|-----------------------|---------------|-----------------|
| Name                        |            | Driver's License #    |               | Expiration Date |
| Address (Street No. & Name) |            | City                  | State         | Zip             |
| Telephone #                 | Cell #     | Contractor License #  |               |                 |
| Worker's Comp Ins Carrier   | MESC Emp # | Federal Employer ID # | Email Address |                 |

## III. DESIGN PROFESSIONAL (2015 Michigan Building Code - Sec. 108 (A) 1107.3.4)

Where it is required that documents be prepared by a *registered design professional*, the *building official* shall be authorized to require the *owner* or the owner's authorized agent to engage and designate on the building permit application a *registered design professional* who shall act as the *registered design professional in a responsible charge*. If the circumstances require, the *owner* or the owner's authorized agent shall designate a substitute *registered design professional in responsible charge* who shall perform the duties required of the original *registered design professional in responsible charge*. The *building official* shall be notified in writing by the *owner* or the owner's authorized agent if the *registered design professional in responsible charge* is changed or is unable to continue to perform the duties. **The registered design professional in responsible charge shall be responsible for reviewing and coordinating submittal documents prepared by others, including phased and deferred submittal items, for compatibility with the design of the building.**

|  |   |
|--|---|
| Registered Design Professional Name (please print) | Substitute Registered Design Professional Name (please print) |
| Registered Design Professional Signature / Date    | Substitute Registered Design Professional Signature / Date    |

## IV. COSTS / FEES / PERMITS

| STRUCTURAL IMPROVEMENT VALUE                         | \$ | APPLICATION TYPE (Check appropriate box)    |  |                     |  |
|--|----|---|--|---------------------|--|
| <b>Value below is not included in the above cost</b> |    | New Building                                |  | Demolition          |  |
| A. Electrical  | \$ | Addition                                    |  | Mobile Home Set-up  |  |
| B. Plumbing  | \$ | Deck  |  | Alteration / Repair |  |
| C. Heating / AC                                      | \$ | Window                                      |  | Pre-Manufacture     |  |
| D. Other   | \$ | Fence                                       |  | Sign                |  |
| <b>TOTAL VALUE:</b>                                  | \$ | Roof  |  | Other               |  |
| FEES (office use only)                               |    | PROPOSED USE (Check appropriate box)        |  |                     |  |
| Permit   | \$ | Residential Use                             |  |                     |  |
| C of O (temp)  | \$ | One Family                                  |  |                     |  |
| Plan Review  | \$ | Two or More Families (# of units)           |  |                     |  |
| YCUA Permit #  |    | Transient Hotel / Motel / Dorm (# of units) |  |                     |  |
| WCRC Permit #  |    | Garage                                      |  | Carport             |  |
| Bike Path  | \$ | Other                                       |  |                     |  |
| Number of Sign Faces x \$50                          | \$ | Non-Residential Use                         |  |                     |  |
| Contractor Registration Fee                          | \$ | Church/ Other Religious                     |  | Industrial          |  |
| Administration Fee                                   | \$ | Hospital / Institutional                    |  | Public Utility      |  |
| Other  | \$ | Stores / Mercantile                         |  | Office/Bank/ Prof.  |  |
| Other  | \$ | School / Library / Other Educational        |  |                     |  |
| <b>TOTAL FEE:</b>                                    | \$ | Service Station / Repair Garage             |  |                     |  |

**V. PROVIDE DETAILED DESCRIPTION**

**BUILDING:** Describe in detail the proposed use of existing and / or new buildings and the work to be performed.

**SIGNS:** Describe in detail materials, structure, weight, method of attachment, color, sign copy, etc.

**VI. BUILDING CHARACTERISTICS (Check all appropriate boxes)**

| Principal Type of Frame   |                          | Type of Water Supply                                       |                          |
|---------------------------|--------------------------|--|--------------------------|
| Masonry (wall bearing)    | <input type="checkbox"/> | Public or Private Company                                  | <input type="checkbox"/> |
| Wood Frame                | <input type="checkbox"/> | Private (septic tank, etc.)                                | <input type="checkbox"/> |
| Principal Type of Heating |                          | Dimensions   |                          |
| Structural Steel          | <input type="checkbox"/> | Number of Stories  | <input type="checkbox"/> |
| Reinforced Concrete       | <input type="checkbox"/> | Total sq. ft.. Of Floor Area (based on exterior dimension) | <input type="checkbox"/> |
| Other                     | <input type="checkbox"/> | Number of Off-Street Parking Spaces                        |                          |
| Gas                       | <input type="checkbox"/> | Enclosed   | <input type="checkbox"/> |
| Oil                       | <input type="checkbox"/> | Outdoors   | <input type="checkbox"/> |
| Electricity               | <input type="checkbox"/> | Residential Buildings Only                                 |                          |
| Coal                      | <input type="checkbox"/> | Number of Bedrooms   | <input type="checkbox"/> |
| Other                     | <input type="checkbox"/> | Number of Bathrooms  | <input type="checkbox"/> |

**VII. SIGN INFORMATION ONLY (Check all appropriate boxes)**

| Permanent Signs |                          | Temporary Signs   |                          |
|-----------------|--------------------------|---|--------------------------|
| Ground          | <input type="checkbox"/> | Construction  | <input type="checkbox"/> |
| Wall            | <input type="checkbox"/> | Special Event   | <input type="checkbox"/> |
| Canopy          | <input type="checkbox"/> | Real Estate   | <input type="checkbox"/> |
| Marquee         | <input type="checkbox"/> | Sale of Produce   | <input type="checkbox"/> |
| Window          | <input type="checkbox"/> | Number of Sign Faces  |                          |
| Directional     | <input type="checkbox"/> | One   | <input type="checkbox"/> |
| Illuminated     |                          | Two   | <input type="checkbox"/> |
| No              | <input type="checkbox"/> | -- Enclose Fixture Specifications, Lamping Options and Photometric Grid |                          |
| Yes             | <input type="checkbox"/> |   |                          |

**\*Signs shall be designed by a registered design professional, licensed with the State of Michigan. Signs shall be designed in accordance with Appendix H, Section H105 of the Michigan Building Code, 2015**

Area of Sign Face: \_\_\_\_\_ sq. ft.      Sign Face Dimensions: \_\_\_\_\_

Overall Sign: \_\_\_\_\_ ft.      Height to Bottom Edge of Sign Box: \_\_\_\_\_ ft.

Street Right of Way (ROW) Width: \_\_\_\_\_ ft.      Setback from Property Line / ROW: \_\_\_\_\_ ft.

Setback from Structures: \_\_\_\_\_ ft.      Depth of Footings: \_\_\_\_\_ ft.

**The Office of Community Standards will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap or political beliefs.**

**VIII. APPLICANT SIGNATURE**

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 building or a residential structure. Violators of Section 23a are subject to civil fines.

|                                    |                    |
|------------------------------------|--------------------|
| Signature of Licensee or Homeowner | Print Name Legibly |
| Witness Signature and Title        | Date               |

**IX. HOMEOWNER AFFIDAVIT**

I hereby certify the work described on this permit application shall be installed **by myself, in my own home**, which I am living in or am about to occupy. All work shall be installed in accordance with the Michigan Building Code and **shall not be enclosed, covered up or put into operation** until it has been **inspected and approved** by the Building Inspector. I will cooperate with the Building Inspector and assume the responsibility to arrange for necessary inspections.

|                        |                    |
|------------------------|--------------------|
| Signature of Homeowner | Print Name Legibly |
|------------------------|--------------------|

|  |  |
|--|--|
| GENERAL: Work shall not be started until issuance of permit. All installations shall be in conformance with the Michigan Code. <b>No work shall be concealed until it has been inspected.</b> When ready for inspection, call the building department at (734) 485.3943. A minimum of one business day advance notice required. <b>The clerk will need the JOB LOCATION AND PERMIT NUMBER.</b> | Expiration of Permit: A permit remains valid as long as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work has not commenced within six months after issuance of the permit or if the authorized work is suspended or abandoned for a period of six months after the time of commencing the work. |
|--|--|

**A PERMIT WILL BE CANCELED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN SIX MONTHS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CANCELED PERMITS MAY NOT HAVE A 60% REFUND IF INSPECTIONS / SITE VISITS HAVE BEEN MADE OR SIX MONTHS TIME HAS ELAPSED SINCE PERMIT ISSUANCE. PLAN REVIEW FEES ARE **NOT** REFUNDABLE. RENEWALS OR EXTENSION APPLICATIONS SHALL BE IN WRITING BEFORE THE EXPIRATION DATE HAS OCCURED. A \$50 FEE SHALL BE CHARGED FOR RENEWALS.**

