

CITY OF PONTIAC
DEPARTMENT OF BUILDING & SAFETY

47450 Woodward Avenue
 Pontiac Michigan 48342
 248-758-2800/FAX 248-758-2827

Email Permit Applications to permits@pontiac.mi.us
 Email Inspections requests to inspections@pontiac.mi.us

APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

Authority: P.A. 230 of 1972, As Amended Completion: Mandatory to Obtain Permit Penalty: \$200.00 If Work Started Without Permit	The Building & Safety Department will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap, or political beliefs.
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APPLICANT MUST COMPLETE ALL ITEMS IN SECTION I, II, III, IV, V, AND VI. NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED FOR PLUMBING, MECHANICAL, AND ELECTRICAL WORK PERMITS.

A Non-Refundable Fee of \$35.00 will be charged for processing Building Permit Applications.

I. PROJECT INFORMATION			
Legal Description		Parcel Number	Permit Number
Project Name		Address	
City	PONTIAC	State	MICHIGAN
County	OAKLAND		Zip Code
Between		And	
II. IDENTIFICATION			
A. OWNER OR LESSEE			
Name		Address	
City	State	Zip Code	Telephone Number
B. ARCHITECT OR ENGINEER			
Name		Address	
City	State	Zip Code	Telephone Number
License Number		Expiration Date	
C. CONTRACTOR			
Name		Address	
City	State	Zip Code	Telephone Number
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 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"/> Demolition			
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"/> Special Inspection			
B. REVIEW (S) TO BE PERFORMED			
<input type="checkbox"/> Building	<input type="checkbox"/> Electrical	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Foundation	<input type="checkbox"/> Historic District		

IV. PROPOSED USE OF BUILDING**A. RESIDENTIAL**

1. ___ One Family 2. ___ Two Or More Family (No. of Units) ___ 3. ___ Hotel, Motel (No. of Units) ___
 4. ___ Attached Garage 5. ___ Detached Garage 6. ___ Other _____

B. NON-RESIDENTIAL

7. ___ Amusement 8. ___ Church, Religion 9. ___ Industrial 10. ___ Parking Garage
 11. ___ Service Station 12. ___ Hospital, Institutional 13. ___ Office, Bank, Professional 14. ___ Public Utility
 15. ___ School, Library, Educational 16. ___ Store, Mercantile 17. ___ Tanks, Towers 18. ___ Other _____

DESCRIPTION -DESCRIBE IN DETAIL PROPOSED USE OF BUILDING AND SPECIFY TYPE OF WORK BEING PERFORMED AT THE SITE**V. SELECTED CHARACTERISTICS OF BUILDING****A. PRINCIPAL TYPE OF FRAME**

1. ___ Masonry, Wall Bearing 2. ___ Wood Frame 3. ___ Structural Steel 4. ___ Reinforced Concrete
 5. ___ Other _____

B. PRINCIPAL TYPE OF HEATING FUEL

6. ___ Gas 7. ___ Oil 8. ___ Electricity 9. ___ Coal 10. ___ Other _____

C. TYPE OF SEWAGE DISPOSAL

11. ___ Public or Private Company 12. ___ Septic System

D. TYPE OF WATER SUPPLY

13. ___ Public or Private Company 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

		Existing	Alterations	New
17. Number of Stories _____	21. Floor Area:	_____	_____	_____
18. Use Group _____	Basement	_____	_____	_____
19. Construction Type _____	1 st & 2 nd Floor	_____	_____	_____
20. No. of Occupants _____	3 rd - 10 th Floor	_____	_____	_____
	11 th & Above	_____	_____	_____
	Total Area	_____	_____	_____

G. NUMBER OF OFF STREET PARKING SPACES

22. Enclosed _____ 23. Outdoors _____

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

Name		Telephone Number	
Address	City	State	Zip Code
Federal I.D. Number/Social Security Number			

I HEREBY CERTIFY THAT THE OWNER OF RECORD AUTHORIZES THE PROPOSED WORK 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 23 a 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. Violations of section 23a are subjected to civil fines.

SIGNATURE OF APPLICANT

Plan Review Fee Enclosed \$ _____	Applicant's estimated Market value \$ _____
Building Permit Fee Enclosed \$ _____	Estimated time for completion _____

Building Inspectors estimate of Market Value \$ _____

VII. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION

ENVIRONMENTAL CONTROL APPROVALS

Plans are enclosed with this application	REQUIRED?	APPROVED	DATE	NUMBER	BY
A - ZONING	<input type="checkbox"/> Yes <input type="checkbox"/> No				
B - FIRE DISTRICT	<input type="checkbox"/> Yes <input type="checkbox"/> No				
C - POLLUTION CONTROL	<input type="checkbox"/> Yes <input type="checkbox"/> No				
D - NOISE CONTROL	<input type="checkbox"/> Yes <input type="checkbox"/> No				
E - SOIL EROSION	<input type="checkbox"/> Yes <input type="checkbox"/> No				
F - FLOOD ZONE	<input type="checkbox"/> Yes <input type="checkbox"/> No				
G - WATER SUPPLY	<input type="checkbox"/> Yes <input type="checkbox"/> No				
H - SEPTIC SYSTEM	<input type="checkbox"/> Yes <input type="checkbox"/> No				
I - VARIANCE GRANTED	<input type="checkbox"/> Yes <input type="checkbox"/> No				
J - HISTORIC DISTRICT	<input type="checkbox"/> Yes <input type="checkbox"/> No				
K - OTHER	<input type="checkbox"/> Yes <input type="checkbox"/> No				

VIII. VALIDATION - FOR DEPARTMENT USE ONLY

Use Group _____	Height of Building _____	Size of Building _____
Square Feet _____	Type of Construction _____	Zoning _____
Base Fee _____	Number of Inspections _____	

Approval Signature:

Title: _____	Date: _____
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