



Application for Building Permit

Community Planning and Development
245 N Rose Street, Ste 100
Kalamazoo, MI 49007
(269) 337-8026

www.kalamazoo.org

Authority: 1972 PA 230
Completion: Mandatory to obtain permit
Penalty: Permit can not be issued

Date _____ Issued _____ Fee _____ Permit # _____

APPLICANT TO 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

I. PROJECT INFORMATION									
PROJECT NAME									
ADDRESS								ZIP CODE	
BETWEEN					AND				
II. IDENTIFICATION									
A. OWNER OR LESSEE									
NAME				ADDRESS					
CITY		STATE	ZIP CODE	TELEPHONE NUMBER (include area code)			CELL NUMBER (include area code)		
B. ARCHITECT OR ENGINEER									
NAME				ADDRESS					
CITY		STATE	ZIP CODE	TELEPHONE NUMBER (include area code)			CELL NUMBER (include area code)		
LICENSE NUMBER						EXPIRATION DATE			
C. CONTRACTOR									
NAME				ADDRESS					
CITY		STATE	ZIP CODE	TELEPHONE NUMBER (include area code)			CELL NUMBER (include area code)		
BUILDERS LICENSE NUMBER			EXPIRATION DATE			EMAIL ADDRESS			
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 3. <input type="checkbox"/> ALTERATION 5. <input type="checkbox"/> DEMOLITION 7. <input type="checkbox"/> FOUNDATION ONLY 9. <input type="checkbox"/> RELOCATION 2. <input type="checkbox"/> ADDITION 4. <input type="checkbox"/> REPAIR 6. <input type="checkbox"/> MOBILE HOME SET-UP 8. <input type="checkbox"/> PRE-MANUFACTURE 10. <input type="checkbox"/> SPECIAL INSPECTION									
B. PLAN REVIEW REQUIRED									
Plans must be submitted before a permit can be issued, except as listed below.									
Plans are not required for alterations and repair work determined by the building official to be of a minor nature.									
Plans and specifications 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 1980 PA 299 and shall bear that architect's or engineer's seal and signature.									

IV. PROPOSED USE OF BUILDING

A. RESIDENTIAL

Value of Work \$ _____

- 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

Value of Work \$ _____

- 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 _____

RESIDENTIAL - DESCRIBE IN DETAIL WORK BEING DONE, NEW HOME, ADDITION, INTERIOR REMODEL, ALTERATIONS.

NONRESIDENTIAL - DESCRIBE IN DETAIL PROPOSED USE OF BUILDING (ex. FOOD PROCESSING PLANT, MACHINE SHOP, LAUNDRY FACILITY, HOSPITAL, PARKING GARAGE FOR DEPARTMENT STORE, RENTAL OFFICE BUILDING AT INDUSTRIAL PLANT, ETC.). IF USE OF EXISTING BUILDING IS BEING CHANGED, PLEASE PROVIDE PROPOSED USE.

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 SYSTEM

- 6. GAS
- 7. OIL
- 8. ELECTRICITY
- 9. COAL
- 10. OTHER _____

C. NEW SEWER CONNECTION YES NO

D. NEW WATER CONNECTION YES NO

E. TYPE OF MECHANICAL

- 11. WILL THERE BE AIR CONDITIONING? YES NO
- 12. WILL THERE BE FIRE SUPPRESSION? YES NO

F. DIMENSIONS / DATA

		EXISTING	ALTERATIONS	NEW
13. NUMBER OF STORIES	_____			
14. USE GROUP	_____			
15. CONSTRUCTION TYPE	_____			
16. NO. OF OCCUPANTS	_____			
	17. FLOOR AREA			
	BASEMENT	_____	_____	_____
	1ST & 2ND FLOOR	_____	_____	_____
	3RD - 10TH FLOOR	_____	_____	_____
	11TH - ABOVE	_____	_____	_____
	TOTAL AREA	_____	_____	_____

G. NUMBER OF OFF STREET PARKING SPACES

- 18. ENCLOSED _____
- 19. OUTDOORS _____

VI. APPLICANT INFORMATION

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

NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (include area code)
FEDERAL EMPLOYER I.D. NUMBER (or reason for exemption)			CELL NUMBER (include area code)

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

SIGNATURE OF APPLICANT

BUILDING PERMIT FEE (The first \$90.00 of an application is non-refundable)	\$ _____	_____
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Setbacks: Front _____ Rear _____ Side _____ Side _____

VII. FOR DEPARTMENT USE ONLY

ENVIRONMENTAL CONTROL APPROVALS					
	REQUIRED?	APPROVED	DATE	NUMBER	BY
A - ZONING APPROVAL	YES NO				
B - SITE PLAN REVIEW	YES NO				
C - DOWNTOWN DESIGN REVIEW COMMITTEE	YES NO				
D - PAVING PERMIT	YES NO				
E - SOIL EROSION PERMIT	YES NO				
F - FLOOD ZONE PERMIT	YES NO				
G - HISTORIC DISTRICT COMMISION	YES NO				
H - CURB CUT	YES NO				
I - VARIANCE GRANTED	YES NO				
J - OTHER	YES NO				

VIII. VALIDATION - FOR DEPARTMENT USE ONLY

USE GROUP _____	BASE FEE _____
TYPE OF CONSTRUCTION _____	NUMBER OF INSPECTIONS _____
SQUARE FEET _____	ZONE _____
APPROVAL SIGNATURE _____	
TITLE _____	DATE _____