



Application for Building Permit

Community Planning and Development

245 N Rose Street, Ste 100

Kalamazoo, MI 49007

(269) 337-8026

constructionpermits@kalamazoocity.org

www.kalamazoocity.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. RESIDENTIALValue of Work \$

1. ☐ ONE FAMILY

3. ☐ HOTEL, MOTEL
NO. OF UNITS

5. ☐ DETACHED GARAGE

2. ☐ TWO OR MORE FAMILY
NO. OF UNITS

4. ☐ ATTACHED GARAGE

6. ☐ OTHER

B. NON-RESIDENTIALValue of Work \$

7. ☐ AMUSEMENT

11. ☐ SERVICE STATION

15. ☐ SCHOOL, LIBRARY, EDUCATIONAL

8. ☐ CHURCH, RELIGION

12. ☐ HOSPITAL, INSTITUTIONAL

16. ☐ STORE, MERCANTILE

9. ☐ INDUSTRIAL

13. ☐ OFFICE, BANK, PROFESSIONAL

17. ☐ TANKS, TOWERS

10. ☐ PARKING GARAGE

14. ☐ PUBLIC UTILITY

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. | | | |
| <div>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.</div> | | | |
| SIGNATURE OF APPLICANT/CONTRACTOR | | EMAIL ADDRESS | |
| PAYMENT: The first \$90.00 of an application is non-refundable. Staff will contact the applicant for payment once the application has been processed and approved for issuance. Do not submit payment with application. | | | |

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 | | |