

(Continue to remaining pages and complete before printing this document)

Building Permit Application

Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes

P.O. Box 30255 Lansing, ML48000

P.O. Box 30255, Lansing, MI 48909 Phone: 517-241-9313

bccpermits@michigan.gov www.michigan.gov/bcc 120 B 2024 B

Authority: 1972 PA 230					ds, services and other reasonable accommodations are
Penalty: Failure to provide the information may result in de	enial of your request.	available upon request to	o individuals with dis	sabilities.	
PROJECT NAME			ADDRESS		
NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH JOB IS	S LOCATED		CITY		ZIP CODE
City Village Township OF: COUNTY BETWEEN			AN	ID	
Applicant	_	-			-
NAME			E-MAIL		
ADDRESS	CITY		STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
Owner of the land in fee on which the build	ling or structure w	vill be constructed		•	
NAME			ADDRESS		
CITY	STATE		ZIP CODE		TELEPHONE NUMBER (Include Area Code)
	OIME		Zii OOBE		TEEL NONE NOMBER (modade / wed Gode)
Cost and Fees					
ESTIMATED PROJECT COST \$					
Re-Open Expired Permit	\$75.00				
Island Inspection Fee (Where ferries, boats or planes are involved.)	\$50.00				
or planes are involved.)					
(Th	IILDING PERMIT FEE EN ne first \$100.00 of an app	plication is			
□YES □ NO	n-refundable)	<u>\$</u>		OR S	TATE ACCOUNT NUMBER
Validation – For Department Use Only			T	Val	idation Area
USE GROUP	· · · · · · · · · · · · · · · · · · ·				
TYPE OF CONSTRUCTION					
SQUARE FEET					
APPLICATION FEE (non-refundable) \$					
CERTIFICATE OF OCCUPANCY - YES - NO	O \$				
NUMBER OF INSPECTIONS	\$				
TOTAL PERMIT FEE \$					
APPROVAL SIGNATURE					

This form can be completed by tabbing to each field and typing in the required information.

Residential builder o	r Residential mainte	enance and alteration contract	or									
NAME		COMPANY NAME	ADDRESS									
CITY		STATE	ZIP CODE		TELEPHONE NUMBER (Include Area Code)							
STATE OF MICHIGAN LICEN	ISE NUMBER		<u> </u>		EXPIRATION DATE							
FEDERAL EMPLOYER ID NU	IMBER (or reason for exemp	otion)	WORKERS COMP INSURA	NCE CARRIER	(or reason for exemption)							
UNEMPLOYMENT INSURAN	NCE AGENCY EMPLOYER	ACCOUNT NUMBER (or reason for exemp	tion)									
Purpose of Project												
□ NEW BUILDING□ ADDITION	☐ ALTERATION ☐ REPAIR	DEMOLITION MOBILE HOME SET-UP		UNDATION ONL EMANUFACTUR	_							
Plan Review Require												
·		ed with each application for a pe	ermit Construction do	cuments mu	st be sealed and signed by an architect o							
square feet of calculate verified by affidavit of th of the proposed work. A buildings or structures of For buildings regulate	d floor area and publine individual making in the same premises of the by the Michigan I	ic works less than \$15,000 in to it, of the specifications for the bu ubmit a site plan showing the din s.	otal construction cost. uilding or structure, an nensions, and the loca	Applicant mud full and contion of the prince to the prince to the subsection of the	ne- and two-family dwellings less than 3,500 ust submit a detailed statement in writing mplete copies of the plans drawn to scale oposed building or structure and the other mitted with a separate Application for							
BCC Plan Review Nun	nber	Sch	ool Site Plan Review	Number (if	different)							
If project is exempt fro	om Plan Review, ide	entify basis for exemption:										
Residential - Building	gs Regulated by the	Michigan Residential Code										
ONE FAMILY		TOWNHOUSE NO. OF UNITS			DETACHED GARAGE							
TWO OR MORE FAMILY		ATTACHED GAR		OTHER								
Buildings Regulated		ilding Code										
	,	<u> </u>										
(A-1) ASSEMBLY (THEA) (A-2) ASSEMBLY (REST		☐ (H-1) HIGH HAZARD (I☐ (H-2) HIGH HAZARD (= 1	M) MERCANTILE R-1) RESIDENTIAL 1 (HOTELS, MOTELS)							
(A-3) ASSEMBLY (CHUF					R-2) RESIDENTIAL 2 (MULTIPLE FAMILY)							
(A-4) ASSEMBLY (INDO	OR SPORTS, ETC.)	(H-4) HIGH HAZARD	(HEALTH HAZARD)	(F	R-3) RESIDENTIAL 3 (1 & 2 FAMILY)							
(A-5) ASSEMBLY (OUTD	OOR SPORTS, ETC.)	(H-5) HIGH HAZARD (HPM)	(F	R-4) RESIDENTIAL 4 (ASSISTED LIVIN\G)							
(B) BUSINESS		(I-1) INSTITUTIONAL	1 (SUPERVISED)	<u> </u>	S-1) STORAGE 1 (MODERATE HAZARD)							
(E) EDUCATION		(I-2) INSTITUTIONAL	2 (HOSPITALS ETC.)	<u> </u>	S-2) STORAGE 2 (LOW HAZARD)							
(F-1) FACTORY (MODER		(I-3) INSTITUTIONAL			U) UTILITY (MISCELLANEOUS)							
(F-2) FACTORY (LOW H.	AZARD)	(I-4) INSTITUTIONAL 4	4 (DAY CARE ETC.)									
WILL THERE BE FIRE SUPP	RESSION? YES	NO SCOPE OF WORK?										
Type of Construction												
I —	rotected Structural Element on-Rated Structural Elemen	, <u> </u>	• • •	□ 3E	A - Non-Combustible (Rated Structural Elements) 1HR 3 - Non-Combustible (Bearing Walls Rated) 3 - Combustible (All Elements Not Rated)							
C. Dimensions / Data	1											
FLOOR AREA:	EXISTING	ALTERATIONS	NEW									
BASEMENT												
1ST & 2ND FLOOR												
3RD FLOOR & ABOVE												
TOTAL AREA	<u> </u>		-									

Sit	te o	r Ple	ot P	lan	- Fo	r A	ppli	ican	ıt Us	se																		
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Local Governmental Agency to Complete This Section ENVIRONMENTAL CONTROL APPROVALS REQUIRED? APPROVED NUMBER BY DATE A - Zoning ☐ Yes ☐ No ☐ NA **B** - Fire District ☐ Yes ☐ No ☐ NA C - Health Department ☐ Yes ☐ No ☐ NA D - Soil Erosion ☐ Yes ☐ No ☐ NA E - Flood Zone ☐ Yes ☐ No ☐ NA

General: Building work shall not be started until the permit has been issued by the Bureau of Construction Codes. All installations shall be in compliance with the Michigan Building Codes. No work shall be concealed until it has been inspected. The telephone number for the inspector will be provided on the permit form. When ready for an inspection, call the inspector providing as much advance notice as possible and provide the job location, permit number, and contact information. Schedule permitting, the inspector will respond to an inspection request within two (2) business days to schedule the inspection. Inspections are typically performed within five (5) business days subject to the inspection schedule.

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 is not commenced within 180 days after issuance of the permit or if the authorized work is suspended or abandoned for a period of 180 days after the time of commencing the work. A PERMIT WILL BE CLOSED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN 180 DAYS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CLOSED PERMITS CANNOT BE REFUNDED. THE CHARGE TO RE-OPEN A CLOSED PERMIT IS \$75.00.

Where to Submit Application: The Bureau of Construction Codes is responsible for code enforcement in units of government throughout the state which have no local inspection authority and for all state-owned buildings as well as school building construction where a local delegation of authority does not exist. Prior to applying for a permit, please review the Statewide Jurisdiction List for anything other than K-12 Educational Facilities. For K-12 Educational Facilities please review the Local School Construction Enforcement List. This information is updated regularly due to changes in the construction code enforcement authority as they may be conducted by either the state, county, or local unit of government. A permit application must be submitted to the appropriate enforcing agency based upon these lists. Permit applications should be sent to the address on the first page of this application. Questions regarding issued permits may be directed to bccpermits@michigan.gov or 517-241-9313.

	tate relating to persons who are to perform	25.1523a, prohibits a person from conspiring to circumvent the work on a residential building or a residential structure. Violators of
work. I further attest that this applic		(title), attest that the statements, specifications, rrect description of the building or structure, lot or parcel, and proposed 125.1510 and that I am a person authorized under MCL 125.1510(2) to 25.1510(2).
SIGNATURE		DATE