

VILLAGE OF DUNDEE

APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

350 West Monroe Street
Dundee, Michigan 48131
Phone: 734-529-3430

Permit

Date _____

AUTHORITY: P.A. 230 OF 1972, AS AMENDED COMPLETION: MANDATORY TO OBTAIN PERMIT PENALTY: PERMIT WILL NOT BE ISSUED	THE 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 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		PROPERTY #		
PROJECT NAME		ADDRESS		
CITY	VILLAGE	TOWNSHIP	COUNTY	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	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"/> PREMANUFACTURE	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

IV. PROPOSED USE OF BUILDING					
A. RESIDENTIAL					
1. <input type="checkbox"/> ONE FAMILY	3. <input type="checkbox"/> HOTEL, MOTEL NO. OF UNITS _____	5. <input type="checkbox"/> DETACHED GARAGE			
2. <input type="checkbox"/> TWO OR MORE FAMILY NO. OF UNITS _____	4. <input type="checkbox"/> ATTACHED GARAGE	6. <input type="checkbox"/> OTHER			
B. NON-RESIDENTIAL					
7. <input type="checkbox"/> AMUSEMENT	11. <input type="checkbox"/> SERVICE STATION	15. <input type="checkbox"/> SCHOOL, LIBRARY, EDUCATIONAL			
8. <input type="checkbox"/> CHURCH, RELIGION	12. <input type="checkbox"/> HOSPITAL, INSTITUTIONAL	16. <input type="checkbox"/> STORE, MERCANTILE			
9. <input type="checkbox"/> INDUSTRIAL	13. <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL	17. <input type="checkbox"/> TANKS, TOWERS			
10. <input type="checkbox"/> PARKING GARAGE	14. <input type="checkbox"/> PUBLIC UTILITY	18. <input type="checkbox"/> OTHER			
<p>NONRESIDENTIAL-DESCRIBE IN DETAIL PROPOSED USE OF BUILDING, E.G. FOOD PROCESSING PLANT, MACHINE SHOP, LAUNDRY BUILDING AT HOSPITAL, ELEMENTARY SCHOOL, SECONDARY SCHOOL, COLLEGE, PAROCHIAL SCHOOL, PARKING GARAGE FOR DEPARTMENT STORE, RENTAL OFFICE BUILDING, OFFICE BUILDING AT INDUSTRIAL PLANT. IF USE OF EXISTING BUILDING IS BEING CHANGED, ENTER PROPOSED USE.</p> <p>_____</p> <p>_____</p> <p>_____</p>					
V. SELECTED CHARACTERISTICS OF BUILDING					
A. PRINCIPAL TYPE OF FRAME					
1. <input type="checkbox"/> MASONRY, WALL BEARING	2. <input type="checkbox"/> WOOD FRAME	3. <input type="checkbox"/> STRUCTURAL STEEL	4. <input type="checkbox"/> REINFORCED CONCRETE	5. <input type="checkbox"/> OTHER	
B. PRINCIPAL TYPE OF HEATING FUEL					
6. <input type="checkbox"/> GAS	7. <input type="checkbox"/> OIL	8. <input type="checkbox"/> ELECTRICITY	9. <input type="checkbox"/> COAL	10. <input type="checkbox"/> OTHER	
C. TYPE OF SEWAGE DISPOSAL					
11. <input checked="" type="checkbox"/> PUBLIC OR PRIVATE COMPANY			12. <input type="checkbox"/> SEPTIC SYSTEM		
D. TYPE OF WATER SUPPLY					
13. <input checked="" type="checkbox"/> PUBLIC OR PRIVATE COMPANY			14. <input type="checkbox"/> PRIVATE WELL OR CISTERN		
E. TYPE OF MECHANICAL					
15. WILL THERE BE AIR CONDITIONING? <input type="checkbox"/> YES <input type="checkbox"/> NO			16. WILL THERE BE FIRE SUPPRESSION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
F. DIMENSIONS/DATA					
17. NUMBER OF STORIES _____	21. FLOOR AREA:		EXISTING	ALTERATIONS	NEW
18. USE GROUP _____	BASEMENT		_____	_____	_____
19. CONST. TYPE _____	1ST & 2ND FLOOR		_____	_____	_____
20. NO. OF OCCUPANTS _____	3RD - 10TH FLOOR		_____	_____	_____
	11TH - ABOVE		_____	_____	_____
	TOTAL AREA		_____	_____	_____
G. NUMBER OF OFF STREET PARKING SPACES			H. ESTIMATED VALUE		
22. ENCLOSED _____ 23. OUTDOORS _____			_____		

VI. APPLICANT INFORMATION					
APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION.					
NAME _____				TELEPHONE NO. _____	
ADDRESS _____		CITY _____	STATE _____	ZIP CODE _____	
FEDERAL I.D. NUMBER/SOCIAL SECURITY NUMBER _____					
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.					
<p>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 subjected to civil fines.</p>					
SIGNATURE OF APPLICANT					
PLAN REVIEW FEE ENCLOSED \$ _____			BUILDING PERMIT FEE ENCLOSED \$ _____		
VII. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION					
ENVIRONMENTAL CONTROL APPROVALS					
	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 - OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO				
VII. VALIDATION - FOR DEPARTMENT USE ONLY					
USE GROUP _____		BASE FEE _____			
TYPE OF CONSTRUCTION _____		NUMBER OF INSPECTIONS _____			
SQUARE FEET _____					
APPROVAL SIGNATURE _____					
TITLE _____			DATE _____		

IX. SITE OR PLOT PLAN - FOR APPLICANT USE

