



BUILDING PERMIT APPLICATION

CITY OF HAMTRAMCK
BUILDING DEPARTMENT
3401 EVALINE
HAMTRAMCK, MICHIGAN 48212
(313) 800-5233 Ext. 296

OFFICE USE ONLY

Permit # _____

Issue Date: _____

Issued By: _____

PERMIT TYPE: BUILDING	CLASS: RESIDENTIAL	CATEGORY: NEW
MOVING	COMMERCIAL	REMODEL/ADDITION
CIRCLE ONE DEMOLITION	MULTI-FAMILY	GARAGE, BARN, SHED
IN EACH MISC.	INDUSTRIAL	DECK
COLUMN	OTHER	RE-ROOF
	RENEWAL	REPL. WINDOWS
	PRE-APPROVED	OTHER _____

ALL BLANKS MUST BE FILLED IN - INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

PROPERTY ADDRESS & INFORMATION

STREET NUMBER _____ STREET NAME _____ LOT NUMBER _____

41-008- - - _____ SUBDIVISION _____

PROPERTY TAX I.D. #
(Example 41-008-00-0000-000)

All notices are sent by e-mail. E-mail address: _____
Print clearly

APPLICANT INFORMATION:

FIRST NAME _____ LAST NAME _____ BUSINESS NAME _____

STREET ADDRESS _____ (_____) _____
PHONE NUMBER

CITY _____ STATE _____ ZIP _____ FAX NUMBER _____

NOTE: ALL RESIDENTIAL CONTRACTORS MUST REGISTER WITH THE CITY ON A SEPARATE FORM

PROPERTY OWNER:

FIRST NAME _____ LAST OR BUSINESS NAME _____ STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ (_____) _____
PHONE NUMBER

DRIVER'S LICENSE NUMBER _____ DATE OF BIRTH _____

ALL REQUESTED INFORMATION MUST BE PROVIDED - INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

FILL IN **ONE** OF THE NEXT TWO BOXES BELOW COMPLETELY
DEPENDING ON THE TYPE OF CONSTRUCTION

ALL RESIDENTIAL ONE AND TWO FAMILY CONSTRUCTION: (NEW/REMODEL/ADDITIONS)

CONSTRUCTION COST: _____ (INCLUDE ALL COSTS INCLUDING DRIVEWAYS ETC. BUT
NO LAND VALUE)

SQUARE FOOTAGE: _____ (INCLUDE ALL HABITABLE AREA ON ALL FLOORS
INCLUDING ALL FINISHED BASEMENT AREA
AND BONUS ROOMS)

BEDROOMS: _____ # BATHROOMS: FULL _____ HALF _____ # STORIES _____

WATER/SEWER UTILITIES NEW _____ EXISTING _____

FINISH FLOOR ELEVATION: _____ FINISH GRADE ELEVATION: _____

ALL OTHER CONSTRUCTION: COMMERCIAL/INDUSTRIAL/MULTI FAMILY

CONSTRUCTION COST: _____ (INCLUDE ALL COSTS EXCEPT FIXTURES AND SITE
IMPROVEMENTS)

SQUARE FOOTAGE: _____ (TOTAL AREA USING OUTSIDE DIMENSIONS)

MBC USE GROUP(S) _____ MBC CONSTRUCTION TYPE: _____

SPRINKLER SYSTEM TYPE: _____ MEZZANINE: YES NO IF YES AREA IS _____

SPECIFIC USE(S) OF STRUCTURE: _____

OF FIRE AREAS: _____

HAS KNOX BOX BEEN ORDERED? YES NO IS SPECIAL INSPECTION LIST ATTACHED? YES NO

ARCHITECT: (IF APPLICABLE)

FIRST NAME LAST OR BUSINESS NAME NUMBER STREET NAME

CITY STATE ZIP () PHONE NUMBER

()
FACSIMILE NUMBER (REQUIRED)

**ALL SUBMISSIONS MUST INCLUDE TWO COPIES OF THE CONSTRUCTION DOCUMENTS. ONE
COPY MUST BE A FULL SIZE COPY (24 X 36 MAXIMUM) TO SCALE AND THE OTHER MUST BE
NO LARGER THAN 11 X 17 INCHES. ALL REDUCED COPIES MUST BE FULLY LEGIBLE.
REVERSED TEXT DRAWINGS WILL NOT BE ACCEPTED.**

DESCRIBE IN DETAIL THE SCOPE OF THE WORK

PERMITS ARE NOT TRANSFERABLE AS TO PERSON OR PLACE AND ARE NOT REFUNDABLE. ISSUANCE OF A PERMIT DOES NOT GUARANTEE COMPLIANCE WITH ANY BUILDING OR OTHER CODE. HOMEOWNERS MUST COMPLETE WORK THEMSELVES OR HIRE LICENSED CONTRACTIORS. COMPLETED WORK MUST BE INSPECTED IMMEDIATELY. THE APPLICANT SHALL BE RESPONSIBLE FOR OBTAINING PERMITS AND INSPECTIONS AND PAYMENT OF FEES. IF WORK IS STARTED BEFORE A PERMIT IS ISSUED AN ADDITIONAL INVESTIGATIVE FEE WILL BE ASSESSED.

SECTION 23a OF THE STATE CONSTRUCTION CODE ACT OF 1972, ACT 230 OF THE PUBLIC ACTS OF 1972, BEING SECTION 125.15321 OF THE MICHIGAN COMPILED LAWS, PROHIBITS A PERSON FROM CONSPIRING TO CIRCUMVENT THE LICENSING REQUIREMENTS OF THE 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.

APPLICANT SIGNATURE: I HAVE READ AND UNDERSTAND THE CONDITIONS LISTED ABOVE

APPLICANT'S SIGNATURE (SEE AFFADAVIT BELOW)

DATE

IF THE APPLICANT IS NOT THE OWNER, THE AFFIDAVIT BELOW MUST BE COMPLETED BY THE APPLICANT. PROVIDE A COPY OF THE SIGNED CONTRACT. RESIDENTIAL CONTRACTS MUST BE IN THE NAME SHOWN ON THE RESIDENTIAL BUILDER'S OR MAINTENANCE AND ALTERATION CONTRACTOR'S LICENSE.

NON-OWNER APPLICANT AFFIDAVIT

I, _____ HEREBY CERTIFY THAT THE PROPOSED WORK IS
NAME OF APPLICANT

AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER,

PRINTED OWNER(S) NAME(S) OF _____
OWNER'S ADDRESS

TO ACT AS HIS/HER/THEIR AUTHORIZED AGENT FOR THE PURPOSE OF APPLYING FOR, AND OBTAINING, THE PERMIT HEREIN REQUESTED.

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.

APPLICANT'S SIGNATURE

DATE

OFFICE USE ONLY

	FEES:	PAID:
Administrative Fee:	_____	_____
Permit Fee:	_____	_____
Bond:	_____	_____
Bond Number:	_____	
Plan Review Fee:	_____	_____
Eng. Plot Plan Fee:	_____	_____
Contractor Registration:	_____	_____
Occupancy Fee:	_____	_____
Investigative Fee:	_____	_____
Other:	_____	_____
TOTAL:	_____	_____

OFFICE USE ONLY:	
APPROVED BY _____	DATE _____
COMMENTS: _____	