



**APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION**  
**for**  
**CITY OF ALMA**  
**525 E. SUPERIOR ST.**  
**ALMA, MI 48801**

|  |   |
|--|---|
| <b>Authority:</b> P.A. 230 of 1972, as amended | The department will not discriminate against any individual or group because of sex, religion, age, national origin, color, marital status, handicap, or political beliefs. |
| <b>Completion:</b> Mandatory to obtain permit  |   |
| <b>Penalty:</b> Permit will not be issued      |   |

**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:  |         |           |
| City:         | Village: | Township: | County: | Zip Code: |
| Between       |          | and       |         |           |

**II. IDENTIFICATION**

**A. OWNER or LESSEE**

|        |      |          |        |         |  |
|--------|------|----------|--------|---------|--|
| Name:  |      | Address: |        | City:   |  |
| State: | Zip: | Tel. #:  | Fax #: | E-mail: |  |

**B. ARCHITECT or ENGINEER**

|            |      |          |                  |         |  |
|------------|------|----------|------------------|---------|--|
| Name:      |      | Address: |                  | City:   |  |
| State:     | Zip: | Tel. #:  | Fax #:           | E-mail: |  |
| License #: |      |          | Expiration Date: |         |  |

**C. CONTRACTOR**

|   |      |          |                  |         |  |
|---|------|----------|------------------|---------|--|
| Name:   |      | Address: |                  | City:   |  |
| State:  | Zip: | Tel. #:  | Fax #:           | E-mail: |  |
| Builders License #:   |      |          | Expiration Date: |         |  |
| Federal Employer ID # or Reason for Exemption:                  |      |          |                  |         |  |
| Workers Compensation 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. REVIEW(S) TO BE PERFORMED:**

Building     
  Electrical     
  Mechanical     
  Plumbing     
  Foundation

#### IV. PROPOSED USE OF BUILDING

##### A. RESIDENTIAL:

- |  |  |   |
|--|--|---|
| 1. <input type="checkbox"/> One Family<br>Number of units: _____         | 3. <input type="checkbox"/> Hotel, motel<br>Number of units: _____ | 5. <input type="checkbox"/> Detached garage |
| 2. <input type="checkbox"/> Two or more family<br>Number 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            | 12. <input type="checkbox"/> School, library, educational |
| 8. <input type="checkbox"/> Church, religion | 12. <input type="checkbox"/> Hospital, institution      | 13. <input type="checkbox"/> Store, mercantile            |
| 9. <input type="checkbox"/> Industrial       | 13. <input type="checkbox"/> Office, bank, professional | 14. <input type="checkbox"/> Tanks, towers                |
| 10. <input type="checkbox"/> Parking garage  | 14. <input type="checkbox"/> Public utility             | 15. <input type="checkbox"/> Other                        |

##### DESCRIPTION OF WORK PROPOSED:

#### 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 type="checkbox"/> Public or Private Company | 12. <input type="checkbox"/> Septic System |
|--|--|

##### D. TYPE OF WATER SUPPLY:

- |  |  |
|--|--|
| 13. <input 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. Construction type: _____ | 1 <sup>st</sup> & 2 <sup>nd</sup> floor  | _____    | _____       | _____ |
| 20. No. of occupants: _____  | 3 <sup>rd</sup> – 10 <sup>th</sup> floor | _____    | _____       | _____ |
|                              | 11 <sup>th</sup> & above                 | _____    | _____       | _____ |
|                              | Total area                               | _____    | _____       | _____ |

##### G. NUMBER OF OFF STREET PARKING SPACES:

- |                     |                     |
|---------------------|---------------------|
| 22. Enclosed: _____ | 23. Outdoors: _____ |
|---------------------|---------------------|

| <b>VI. APPLICANT INFORMATION:</b>  |       |        |              |
|--|-------|--------|--------------|
| <b>Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information:</b> |       |        |              |
| Name:  |       |        | Telephone #: |
| Address:   | City: | State: | Zip Code:    |
| Federal ID Number:   |       |        |              |

**COST:** (Omit cents)

|   |    |  |
|---|----|--|
| Cost of Improvement:                                | \$ |  |
| To be installed but not included in the above cost: |    |  |
| a. Electrical:                                      | \$ |  |
| b. Heating, air conditioning                        | \$ |  |
| c. Plumbing:  | \$ |  |
| d. Other (elevator, etc.)                           | \$ |  |
| Total Cost of Improvement:                          | \$ |  |

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 CONFRORM 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 the 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.

|  |                         |
|--|-------------------------|
| <b>Signature of Applicant:</b>   | <b>Important Notice</b> |
| <b>Print Name:</b>   | <b>“Asbestos”</b>       |
| <b>Date:</b>   |                         |
| The City of Alma hereby gives notice that it is the responsibility of the owner and/or contractor to follow all State of MI laws’ regarding proper asbestos abatement upon the discovery and removal of asbestos in any structure. |                         |

| <b>VII. VALIDATION – FOR DEPARTMENT USE ONLY</b> |    |              |
|--|----|--------------|
| Building Permit Number:                          |    |              |
| Building Permit Issued:                          |    |              |
| Building Permit Fee:                             | \$ | Approved by: |
| Certificate of Occupancy:                        | \$ |              |
| Plan Review Fee:                                 | \$ | Title:       |

**VIII. SITE OR PLOT PLAN – FOR APPLICANT USE**

Blank area for site or plot plan.

**IX. ZONING PLAN EXAMINIERS NOTES**

District:

Use:

Front Yard:

Side Yard:

Side Yard:

Rear Yard:

Notes:

Blank area for zoning plan examiners notes.

Original, signed form must be presented to City of Alma Planning Department for formal processing.