



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

Authority: 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.
Completion: Mandatory to obtain permit	
Penalty: 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:

<input type="checkbox"/> Building	<input type="checkbox"/> Electrical	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Foundation
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IV. PROPOSED USE OF BUILDING

A. RESIDENTIAL:

- | | | |
|--|--|---|
| 1. <input type="checkbox"/> One Family
Number of units: _____ | 3. <input type="checkbox"/> Hotel, motel
Number of units: _____ | 5. <input type="checkbox"/> Detached garage |
| 2. <input type="checkbox"/> Two or more family
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 st & 2 nd floor	_____	_____	_____
20. No. of occupants: _____	3 rd – 10 th floor	_____	_____	_____
	11 th & above	_____	_____	_____
	Total area	_____	_____	_____

G. NUMBER OF OFF STREET PARKING SPACES:

- | | |
|---------------------|---------------------|
| 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 #:
Address:	City:	State:	Zip Code:
Federal ID Number/Social Security 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.

Signature of Applicant:	Important Notice “Asbestos” 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.
Print Name:	
Date:	

VII. VALIDATION – FOR DEPARTMENT USE ONLY		
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.