**Department Use Only:**
**Permit Issue Date:** _____ **Permit No:** _____ **Receipt No:** _____

# Application for Plan Examination and Building Permit
# CITY OF FRASER BUILDING DEPARTMENT

33000 GARFIELD ROAD
FRASER, MI 48026

OFFICE: (586) 293-3100 option 2
INSPECTION LINE: (586) 293-3100 ext. 153

**APPLICANT STATUS (circle one): OWNER CONTRACTOR OTHER**

Location, ownership, and details must be correct, complete, and legible. A separate application is required for each structure or tenant space. A site plan, specifications and plans draw to scale (including electrical, plumbing and heating, if applicable) must be filed with this application. All easements must be shown on the site plan.

PROJECT
LOCATION/ADDRESS: _____

SUBDIVISION: _____ LOT #: _____

PROPERTY #: ___ ___-___ ___- ___ ___ ___-___ ___ ___ LOT/PARCEL SIZE: _____

**TYPE OF PROJECT**

Single Family Residential

Multiple Family

No. of units _____

Commercial

Industrial

Other _____

_____

**REQUEST FOR BUILDING PERMIT TO:**

Construct

Complete

Addition to

Alter

Repair

Demolish

Other _____

New Building

Existing Structure

Garage

Deck

Roof

Pool/Spa

Shed/Accessory Building

Other _____

GENERAL DESCRIPTION OF PROJECT: _____

_____

_____

**Project Size (sq. ft)**_____ **Estimated Cost $** _____**Number of Stories** ____

**LEGAL PROPERTY OWNER**: _____

Home Address: _____ City: _____ State: _____

Zip Code: _____ Home Phone: _____ Email: _____

**Individual Proposing Construction, if other than owner (i.e., Contractor, Const. Manager, etc.)**

Contractor Name: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Office Phone: _____ Email: _____

Fax: _____ Contact Person: _____

**ARCHITECT/ ENGINEER**: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Office Phone: _____ Email: _____

Fax: _____ Contact Person: _____

Residential Builder's License # _____ Expiration Date: _____

Driver's License #: _____ Expiration Date: _____ Date of Birth: _____

Federal Employer ID Number: _____
(or reason for exemption)

Workers Comp Insurance Carrier: _____
(or reason for exemption)

MESC Employer Number: _____
(or reason for exemption)

I certify that the information on this application and the plans and specifications attached hereto are true and correct and that I have reviewed all deed restrictions, which may apply to this construction and am aware of my responsibility there under. Further, 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 authorized agent and we agree to conform to all applicable laws of this jurisdiction.

**Section 23a of the State of Michigan Construction Code Act of 1972, Act no. 230 of the Public Acts of 1972,being Section 125, 1523a of the Michigan Compiled Laws, prohibits 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 subject to civil fines.**

| _____ | _____ | _____ |
|---|---|---|
| Printed Name of Applicant | Signature of Applicant | Date |
| _____ | _____ | _____ |
| Printed Name of Owner | Signature of Owner | Date |

***THIS PAGE FOR***
***BUILDING DEPARTMENT USE ONLY***

| **REVIEWS** | DATE | REVIEWER | NOTES |
|---|---|---|---|
| Zoning | | | |
| Engineering | | | |
| Fire Department | | | |
| Electrical | | | |
| Plumbing | | | |
| Mechanical | | | |
| Building | | | |
| Planning Commission | | | |
| Zoning Board of Appeals | | | |

Review comments/special stipulations: _____

_____

Zoning District: _____ Construction Type: _____ Use Group: _____ Occupancy Load: _____

Estimated Cost (Dept's) _____ Flood Zone: _____ Elevation Certificate Required: _____

Project Size (Dept's) _____

Code Edition: State Building, Plumbing, and Mechanical Codes _____ 2012 MBC _____2015 MRC _____

Sprinkler System Required: _____ Hazard Class: _____ Sprinker/Standpipe Demands: _____

Sprinkler System Notes: _____

Application Fee……. ____$30.00
Building Permit Fee…….. _____
Zoning Fee…… _____
Sewer Tap Fee…….. _____
Sewer Maintenance Fee…… _____
Water Tap Fee…….. _____
Water Meter Fee…….. _____
Building Bond……. _____
Plan Review Fee……. _____
Underground Inspection Fee…… _____
Tree Bond……. _____
Registration Fee…….. _____

**TOTAL …….** [ ]

**THIS PAGE FOR BUILDING DEPARTMENT USE ONLY**

**PLAN REVIEW RECORD FOR**

_____

**The following corrections, amendments, and stipulations shall be made a part of this permit:**

| NO. | DESCRIPTION | SECTION |
|---|---|---|
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I, the undersigned, have received a copy of the approved plans and correction list for the project addressed above. I certify that the proposed work will be in compliance with all applicable codes.

_____ _____ _____

**(PRINTED NAME)** **(SIGNATURE)** **(DATE)**

***OFFICE USE ONLY***

DATE APPROVED: _____ CALLED (#):_____

DATE:_____ LEFT MESSAGE / SPOKE WITH:_____