



# Application for Building Permit

Community Planning and Development  
415 Stockbridge Avenue  
Kalamazoo, MI 49001  
(269) 337-8026

www.kalamazoo.org

Authority: 1972 PA 230  
Completion: Mandatory to obtain permit  
Penalty: Permit can not be issued

Date \_\_\_\_\_ Issued \_\_\_\_\_ Fee \_\_\_\_\_ Permit # \_\_\_\_\_

## 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

<b>I. PROJECT INFORMATION</b>					
PROJECT NAME					
ADDRESS					ZIP CODE
BETWEEN			AND		
<b>II. IDENTIFICATION</b>					
<b>A. OWNER OR LESSEE</b>					
NAME			ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (include area code)	CELL NUMBER (include area code)	
<b>B. ARCHITECT OR ENGINEER</b>					
NAME			ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (include area code)	CELL NUMBER (include area code)	
LICENSE NUMBER				EXPIRATION DATE	
<b>C. CONTRACTOR</b>					
NAME			ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (include area code)	CELL NUMBER (include area code)	
BUILDERS LICENSE NUMBER		EXPIRATION DATE		EMAIL ADDRESS	
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION					
WORKERS COMP. INSURANCE CARRIER OR REASON FOR EXEMPTION					
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION					
<b>III. TYPE OF IMPROVEMENT AND PLAN REVIEW</b>					
<b>A. TYPE OF IMPROVEMENT</b>					
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>B. PLAN REVIEW REQUIRED</b>					
<b>Plans must be submitted before a permit can be issued, except as listed below.</b> <b>Plans are not required</b> for alterations and repair work determined by the building official to be of a minor nature. <b>Plans and specifications are required</b> for all other building types and shall be prepared by or under the direct supervision of an architect or engineer licensed pursuant to 1980 PA 299 and shall bear that architect's or engineer's seal and signature.					

**IV. PROPOSED USE OF BUILDING****A. RESIDENTIAL**

Value of Work \$ \_\_\_\_\_

1.  ONE FAMILY  
 2.  TWO OR MORE FAMILY  
     NO. OF UNITS \_\_\_\_\_
3.  HOTEL, MOTEL  
     NO. OF UNITS \_\_\_\_\_
4.  ATTACHED GARAGE
5.  DETACHED GARAGE
6.  OTHER \_\_\_\_\_

**B. NON-RESIDENTIAL**

Value of Work \$ \_\_\_\_\_

7.  AMUSEMENT  
 8.  CHURCH, RELIGION  
 9.  INDUSTRIAL  
 10.  PARKING GARAGE
11.  SERVICE STATION  
 12.  HOSPITAL, INSTITUTIONAL  
 13.  OFFICE, BANK, PROFESSIONAL  
 14.  PUBLIC UTILITY
15.  SCHOOL, LIBRARY, EDUCATIONAL  
 16.  STORE, MERCANTILE  
 17.  TANKS, TOWERS  
 18.  OTHER \_\_\_\_\_

**RESIDENTIAL / NONRESIDENTIAL - DESCRIBE IN DETAIL PROPOSED USE OF BUILDING, E.G. FOOD PROCESSING PLANT, MACHINE SHOP, LAUNDRY FACILITY, HOSPITAL, PARKING GARAGE FOR DEPARTMENT STORE, RENTAL OFFICE BUILDING, OFFICE BUILDING AT INDUSTRIAL PLANT. IF USE OF EXISTING BUILDING IS BEING CHANGED, ENTER PROPOSED USE.**

**V. SELECTED CHARACTERISTICS OF BUILDING****A. PRINCIPAL TYPE OF FRAME**

1.  MASONRY, WALL BEARING    2.  WOOD FRAME    3.  STRUCTURAL, STEEL    4.  REINFORCED CONCRETE    5.  OTHER \_\_\_\_\_

**B. PRINCIPAL TYPE OF HEATING SYSTEM**

6.  GAS    7.  OIL    8.  ELECTRICITY    9.  COAL    10.  OTHER \_\_\_\_\_

**C. NEW SEWER CONNECTION**     YES     NO

**D. NEW WATER CONNECTION**     YES     NO

**E. TYPE OF MECHANICAL**

11. WILL THERE BE AIR CONDITIONING?     YES     NO    12. WILL THERE BE FIRE SUPPRESSION?     YES     NO

**F. DIMENSIONS / DATA**

		EXISTING	ALTERATIONS	NEW
13. NUMBER OF STORIES	_____			
14. USE GROUP	_____			
15. CONSTRUCTION TYPE	_____			
16. NO. OF OCCUPANTS	_____			
		17. FLOOR AREA		
		BASEMENT	_____	_____
		1ST & 2ND FLOOR	_____	_____
		3RD - 10TH FLOOR	_____	_____
		11TH - ABOVE	_____	_____
		TOTAL AREA	_____	_____

**G. NUMBER OF OFF STREET PARKING SPACES**

18. ENCLOSED \_\_\_\_\_    19. OUTDOORS \_\_\_\_\_

**VI. APPLICANT INFORMATION**

**APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION.**

NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (include area code)
FEDERAL EMPLOYER I.D. NUMBER (or reason for exemption)			CELL NUMBER (include area code)

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.

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 subject to civil fines.

**SIGNATURE OF APPLICANT**

BUILDING PERMIT FEE (The first \$90.00 of an application is non-refundable)	\$ _____	_____
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**Setbacks:** Front \_\_\_\_\_ Rear \_\_\_\_\_ Side \_\_\_\_\_ Side \_\_\_\_\_

**VII. FOR DEPARTMENT USE ONLY**

ENVIRONMENTAL CONTROL APPROVALS					
	REQUIRED?	APPROVED	DATE	NUMBER	BY
A - ZONING APPROVAL	YES NO				
B - SITE PLAN REVIEW	YES NO				
C - DOWNTOWN DESIGN REVIEW COMMITTEE	YES NO				
D - PAVING PERMIT	YES NO				
E - SOIL EROSION PERMIT	YES NO				
F - FLOOD ZONE PERMIT	YES NO				
G - HISTORIC DISTRICT COMMISION	YES NO				
H - CURB CUT	YES NO				
I - VARIANCE GRANTED	YES NO				
J - OTHER	YES NO				

**VIII. VALIDATION - FOR DEPARTMENT USE ONLY**

USE GROUP _____	BASE FEE _____
TYPE OF CONSTRUCTION _____	NUMBER OF INSPECTIONS _____
SQUARE FEET _____	ZONE _____
APPROVAL SIGNATURE _____	
TITLE _____	DATE _____