



# Application for Building Permit

Community Planning and Development  
245 N Rose Street, Ste 100  
Kalamazoo, MI 49007  
(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** - DESCRIBE IN DETAIL WORK BEING DONE, NEW HOME, ADDITION, INTERIOR REMODEL, ALTERATIONS.

**NONRESIDENTIAL** - DESCRIBE IN DETAIL PROPOSED USE OF BUILDING (ex. FOOD PROCESSING PLANT, MACHINE SHOP, LAUNDRY FACILITY, HOSPITAL, PARKING GARAGE FOR DEPARTMENT STORE, RENTAL OFFICE BUILDING AT INDUSTRIAL PLANT, ETC.). IF USE OF EXISTING BUILDING IS BEING CHANGED, PLEASE PROVIDE 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.**

<b>SIGNATURE OF APPLICANT</b>	EMAIL ADDRESS
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**PAYMENT:** The first \$90.00 of an application is non-refundable. Staff will contact the applicant for payment once the application has been processed and approved for issuance. Do not submit payment with application.

**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 _____