



City of Ann Arbor

PLANNING & DEVELOPMENT — CONSTRUCTION SERVICES

301 East Huron Street | P.O. Box 8647 | Ann Arbor, Michigan 48107-8647

p. 734.794.6263 | f. 734.994.8460 | building@a2gov.org

BUILDING PERMIT PRE-REVIEW CHECKLIST COMMERCIAL, INDUSTRIAL AND MULTI-FAMILY NEW OR REMODELING OF EXISTING

This checklist is designed to speed the plan review process by helping the applicant include complete information. Please review the following prior to submittal. **Failure to include all required items may result in the application being rejected or Plan Review held up until all requirements are met.**

- Completed Building Permit Application.
- Two sets of drawings SIGNED AND SEALED by a registered design professional showing the proposed work. Original signature and seal only—no copies. If the set contains a title sheet with a list of drawings, only the title sheet needs to be signed and sealed. Drawings must be stapled into sets, in order, with each page numbered consecutively. Although rare, the Building Official may waive the requirement for signed and sealed drawings under specific circumstances.
- Drawings should be no larger than 24 inches x 36 inches. And no smaller than 8½ inches x 11 inches. All sheets should be the same size.
- Drawings must be scaled (1/8 inch minimum).

COVER SHEET

- Drawings must have the address of the project on at least the cover sheet.
- Indicate the name, address and phone number of project designer of record (engineer and/or architect).
- Provide an index of drawings on the cover sheet.
- List applicable codes used.
- Indicate the existence and/or proposed installation of fire suppression.
- Indicate the Use Group classification and Construction Type classification on the drawings and application form. In remodeling projects, drawings should clearly indicate the previous use of the building.
- Indicate the Design Occupancy Load (number of people).

OTHER REQUIRED SHEETS

- Include Site plan and/or key location plan showing footprint, easements, sidewalks, grade elevations, adjoining tenants, setbacks, utilities hydrant locations, and drainage system.
- Indicate any fire area separation walls, fire walls, or party walls, Fire rated walls identified by hourly rating.
- Floor Plans of all floors, including a foundation plan.

- Plans should also contain all relevant information such as door swings, stairs, windows, built-ins, etc. Wall materials must be clearly described.
- Spaces should be identified by name and/or intended use. Show location of exits.
- For remodeling projects, provide floor plans of all floors being remodeled. Distinguish new from existing - a dashed line should indicate structures or items to be removed.
- Include elevations to describe the building exterior.
- Cross sections, wall sections and detail sections to describe the building construction.
- Accessibility details and/or interior elevations indicating Michigan Barrier Free compliance.
- Calculations to show compliance with plumbing fixture requirements.
- All new fire protection assemblies, including UL numbers as necessary.
- Complete structural information including beam sizing, framing plans etc. Provide calculations if necessary. Pre fabricated truss specifications must be provided on-site with the approved plans at the time of rough building inspection.
- Complete description of the HVAC systems to include ductwork and piping.
- All trade contractors are required to register with the City and apply/pay for their own respective permits.
- Complete description of the electrical systems including lighting, service and power equipment layouts, circuits and their capabilities.
- It is not absolutely necessary that Mechanical, Electrical and Plumbing drawings be submitted with the initial application. They must, however, be submitted within a reasonable time and approved drawings must be on site prior to inspection.

Please note that Washtenaw County Environmental Health Department approval is necessary for facilities with food or bar service. A Certificate of Occupancy will not be issued until this approval has been received by the City of Ann Arbor, Planning and Development Services.

Please note that construction permits cannot be issued until all required City of Ann Arbor reviews are completed. These reviews could include Planning, Zoning, Water & Sewer, Engineering, Police, Fire, Grading, and Soil Erosion.

OFFICE USE ONLY

Intake by: _____ Date: _____



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Date Submitted: _____

PERMIT #: BLDG _____

BUILDING PERMIT APPLICATION — COMMERCIAL

Permission is requested by the Contractor and by the Owner to perform work as described below and on the following pages, and as shown on the attached plans.

YOU MUST FILL IN ALL FIELDS

PROPERTY	<i>Address</i>	<i>Zoning District</i>
	<i>Suite or Unit #</i>	
PROPERTY OWNER	<i>Name</i>	<i>Ph</i>
		<i>Fax</i>
	<i>Address</i>	<i>City Zip Email</i>
CONTRACTOR	<i>Last Name/Business</i>	<i>Ph</i>
		<i>Fax</i>
	<i>Address</i>	<i>City Zip Email</i>
	<i>License No.</i>	<i>Exp</i>
ARCHITECT/ ENGINEER	<i>Name</i>	<i>Ph</i>
		<i>Fax</i>
	<i>Address</i>	<i>City Zip Email</i>
	<i>License No.</i>	<i>Exp</i>
VALUE OF WORK		
<i>Includes material and labor for scope of permit, excluding mechanical, electrical and plumbing. Mechanical, electrical and plumbing to obtain separate permits.</i>		
		\$ _____
HISTORIC DISTRICT		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	District _____
FLOOD PLAIN		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	DNR-E Permit # _____ Approval _____
RENTAL PROPERTY		
Is this building residential rental property? <input type="checkbox"/> Yes <input type="checkbox"/> No No. of Units: _____		

You **MUST** submit a minimum of **TWO (2)** copies of plans.

FOR ADDITIONAL REQUIREMENTS, REFER TO THE ATTACHED CHECKLIST

BUILDING INFORMATION

TYPE OF WORK (Select one from each column)

<input type="checkbox"/> Build/Finish	<input type="checkbox"/> New	<input type="checkbox"/> Building
<input type="checkbox"/> Addition(s) to	<input type="checkbox"/> Existing	<input type="checkbox"/> Tenant Space
<input type="checkbox"/> Alteration(s) to	<input type="checkbox"/> Portion(s) of existing	<input type="checkbox"/> Deck
<input type="checkbox"/> Change of Occupancy	<input type="checkbox"/> Shell	<input type="checkbox"/> Porch
<input type="checkbox"/> Demolition of	<input type="checkbox"/> Foundation only	<input type="checkbox"/> Fence
<input type="checkbox"/> Move	<input type="checkbox"/> Other _____	<input type="checkbox"/> Door
<input type="checkbox"/> Repair(s) to	_____	<input type="checkbox"/> Garage
<input type="checkbox"/> Replacement of	_____	<input type="checkbox"/> Roof
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Sign
_____	_____	<input type="checkbox"/> Windows-Number _____
		<input type="checkbox"/> Siding

DESCRIPTION OF WORK: _____

COMMENTS TO REVIEWER: _____

USE-OCCUPANCY CLASSIFICATION

<input type="checkbox"/> Vacant	<input type="checkbox"/> H-5 Hazardous production materials
<input type="checkbox"/> A-1 Assembly, theaters	<input type="checkbox"/> I-1 Institutional, supervised residential care
<input type="checkbox"/> A-2 Assembly, nightclubs, bars, restaurants	<input type="checkbox"/> I-2 Institutional, incapacitated, hospital, nursing home
<input type="checkbox"/> A-3 Assembly, rec centers, religious buildings	<input type="checkbox"/> I-3 Institutional, restrained, prisons
<input type="checkbox"/> A-4 Assembly, indoor sporting facilities	<input type="checkbox"/> M Mercantile
<input type="checkbox"/> A-5 Grandstands, stadiums, outdoor sporting events	<input type="checkbox"/> R-1 Residential, hotels, motels, boarding houses
<input type="checkbox"/> B Business	<input type="checkbox"/> R-2 Residential, multiple-family, fraternity, sorority
<input type="checkbox"/> E Educational	<input type="checkbox"/> R-3 Residential, 1 and 2 family and townhouses
<input type="checkbox"/> F-1 Factory and industrial, moderate hazard	<input type="checkbox"/> R-4 Assisted living (6-16 occ.)
<input type="checkbox"/> F-2 Factory and industrial, low hazard	<input type="checkbox"/> S-1 Storage, moderate hazard
<input type="checkbox"/> H-1 High hazard, detonation hazards	<input type="checkbox"/> S-2 Storage, low hazard
<input type="checkbox"/> H-2 High hazard, deflagration hazards	<input type="checkbox"/> U Utility, miscellaneous, garages, fences, sheds
<input type="checkbox"/> H-3 High hazard, physical hazards	<input type="checkbox"/> Mixed Uses
<input type="checkbox"/> H-4 High hazard, health hazards	

SUPPRESSION SYSTEM

<input type="checkbox"/> NFPA-13	<input type="checkbox"/> Limited Area	<input type="checkbox"/> Partial
<input type="checkbox"/> NFPA-13R	<input type="checkbox"/> Range Hood	<input type="checkbox"/> Complete
<input type="checkbox"/> NFPA-13D	<input type="checkbox"/> None	

ALARM SYSTEM

Manual Automatic Detection None Partial Complete

BUILDING USE OPTIONS

Single Use
 Mixed Use – Separation Option: Non-separated uses Separated uses Separate buildings

PLANNING AND ZONING

Existing Use (specify type): _____
Proposed Use (specify type): _____
Construction: Interior Only Exterior/Façade Addition or New Construction (Site Plan required)
For additions or new construction, Site Plan File #: _____
You must contact Planning at 734-794-6265 or planning@a2gov.org prior to submission of permit applications for site planned projects.

**PURSUANT TO PUBLIC ACT 135 OF 1989
ALL BUILDING DIVISION PERMIT APPLICANTS MUST FILL OUT THIS SECTION**

1. Workers Compensation Carrier: _____
 2. Tax ID# _____ 3. MESC # /Unemployment Agency # _____ 4. Homeowner – N/A

CONTRACTOR, acting through the undersigned, agrees to comply with all terms and conditions of permit as it may be issued.

Signature: _____ Date: _____

Print Name of Signature and Title: _____

Company Name: _____

I, OWNER, or person acting as owner's agent, agree to require Contractor to comply with all terms and conditions of permit as it may be issued, agree to the terms and conditions of permit as it may be issued, and agree to pay all fees and costs that may come due as a result of any activity under the permit.

*Signature: _____

Print Name of Signature: _____

*If Owner's signature is by Contractor or its representative, Contractor warrants and represents that it is an authorized agent for Owner for purposes of obtaining this permit. (NOTE: Contractor is *NOT* allowed to act as agent for Owner if Contractor is in non-compliance status on other permits.)

NOTICE: A copy of this permit will be provided to the City Assessor's Office when the requested building permit is issued. A staff member of the Assessor's Office may visit the property for assessment purposes in connection with this building permit. By signing this application you acknowledge, personally and on behalf of the property owner, receipt of this notice.

PAYMENT

Please provide payment information to process the application using **the payment cover sheet**. *Any application received without payment information included cannot be processed.*

OFFICE USE ONLY

HISTORIC DISTRICT NOTES

Notes: _____

Approval: _____ Date: _____

PLANNING AND ZONING NOTES

Notes: _____

Approval: _____ Date: _____

BUILDING NOTES

Notes: _____

Approval: _____ Date: _____

FEES

Building Permit _____

Grading Permit _____

Plan Review _____

Historic District Permit \$25 Other N/A

Zoning Review \$20 \$50 N/A

TOTAL _____

Site Compliance \$150 N/A