



# City of Ann Arbor

## PLANNING & DEVELOPMENT SERVICES — CONSTRUCTION SERVICES

Mailing: 100 North Fifth Avenue | P.O. Box 8647 | Ann Arbor, Michigan 48107-8647

Location: 2000 South Industrial Highway | Ann Arbor, Michigan 48104-6120

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

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

<b>PROPERTY</b>	Address _____		Zoning District _____	
	Suite or Unit # _____			
<b>PROPERTY OWNER</b>	Name _____		Ph _____	
			Fax _____	
	Address _____	City _____	Zip _____	Email _____
<b>CONTRACTOR</b>	Last Name/Business _____		Ph _____	
			Fax _____	
	Address _____	City _____	Zip _____	Email _____
	License No. _____	Exp _____		
<b>ARCHITECT/ ENGINEER</b>	Name _____		Ph _____	
			Fax _____	
	Address _____	City _____	Zip _____	Email _____
	License No. _____	Exp _____		
<b>VALUE OF WORK</b>				
Includes material and labor for scope of permit, excluding mechanical, electrical and plumbing. Mechanical, electrical and plumbing to obtain separate permits.				\$ _____
<b>HISTORIC DISTRICT</b>				
<input type="checkbox"/> Yes <input type="checkbox"/> No    District _____				
<b>FLOOD PLAIN</b>				
<input type="checkbox"/> Yes <input type="checkbox"/> No    DNR-E Permit # _____    Approval _____				
<b>RENTAL PROPERTY</b>				
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"/> Addition(s) to <input type="checkbox"/> Alteration(s) to <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Demolition of <input type="checkbox"/> Move <input type="checkbox"/> Repair(s) to <input type="checkbox"/> Replacement of <input type="checkbox"/> Other _____	<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Portion(s) of existing <input type="checkbox"/> Shell <input type="checkbox"/> Foundation only <input type="checkbox"/> Other _____ _____ _____ _____	<input type="checkbox"/> Building <input type="checkbox"/> Tenant Space <input type="checkbox"/> Deck <input type="checkbox"/> Porch <input type="checkbox"/> Fence <input type="checkbox"/> Door <input type="checkbox"/> Garage <input type="checkbox"/> Roof <input type="checkbox"/> Sign <input type="checkbox"/> Windows-Number _____ <input type="checkbox"/> Siding
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**DESCRIPTION OF WORK:** \_\_\_\_\_

**COMMENTS TO REVIEWER:** \_\_\_\_\_

**USE-OCCUPANCY CLASSIFICATION**

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

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

<input type="checkbox"/> Manual <input type="checkbox"/> Automatic Detection <input type="checkbox"/> None	<input type="checkbox"/> Partial <input type="checkbox"/> Complete
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**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](mailto: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 \_\_\_\_\_

Plan Review \_\_\_\_\_

Zoning Review \$20 \$50  N/A

Site Compliance \$150  N/A

Grading Permit \_\_\_\_\_

Historic District Permit \$25 Other N/A

**TOTAL** \_\_\_\_\_



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**PAYMENT COVER SHEET**

**NAME:** \_\_\_\_\_

**COMPANY/PROPERTY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**CREDIT CARD NUMBER:** \_\_\_\_\_

**EXPIRATION DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_