



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 — RESIDENTIAL

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	Address _____	Zoning District _____
	Suite or Unit # _____	
PROPERTY OWNER	Name _____	Ph _____
	Fax _____	
CONTRACTOR	Address _____	City _____ Zip _____
	Email _____	
ARCHITECT/ ENGINEER	Last Name/Business _____	Ph _____
	Fax _____	
ARCHITECT/ ENGINEER	Address _____	City _____ Zip _____
	Email _____	
VALUE OF WORK		
Includes material and labor for scope of permit, excluding mechanical, electrical and plumbing. Mechanical, electrical and plumbing to obtain separate permits. \$ _____		
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"/> 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: _____

ZONING

Existing Use: _____
 Proposed Use: _____
 If constructing a new building or an addition to an existing building, attach a dimensioned site plan or site survey and complete the section below.

Max. Height Above Grade: _____ <i>(Measured to midpoint of sloped roof)</i>	New Gross Floor Area: _____
Stories Above Grade: _____	Total Floor Area: _____
	No. of Units Upon Completion: _____

If the addition is to the front or the street side of a corner lot, provide the following:
 Averaged front setback of all properties within 100 feet is: _____
For questions about zoning requirements, contact Planning at 734-794-6265 or planning@a2gov.org

**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

SECTION 23A of the State Construction Codes Act of 1972, Act. No. 230 of Public Acts of 1972, being Section 125.1523a of the Michigan Compiled Laws, prohibits a person from conspiring to circumvent the licensing requirements of this State relating to persons who perform work on a residential building or a residential structure. Violators of Section 23a are subjected to civil fines.

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: _____

HOMEOWNERS AFFIDAVIT: I hereby certify that I am the bona fide homeowner of the above property which is a single residence and not for rent. I am familiar with the provisions of the applicable ordinances and rules and hereby agree to make this installation or construction in conformance with the ordinance. I realize that in making this application, I assume the responsibility of a licensed contractor for the work mentioned in this permit. I agree to notify the Building Division within 72 hours after the work is completed so that the required inspection(s) can be made. I further agree to keep all parts of this work exposed until accepted by the inspector.

Violation Penalties: Any person who shall violate any provision of the Ordinance or shall fail to comply with any of the requirements thereof, shall, upon conviction thereof, be punished by a fine not to exceed \$500.00, or by imprisonment for not to exceed 90 days or both such fine and imprisonment, in the discretion of the Court.

Signature (Homeowners Only) _____ Printed Name and Address _____ Date _____

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 a **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** _____



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PAYMENT COVER SHEET

NAME: _____

COMPANY/PROPERTY NAME: _____

ADDRESS: _____

CITY: _____ **ZIP CODE:** _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

SIGNATURE: _____