



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 #: _____

TRADE PERMIT APPLICATION

Please provide payment information to process the application using the payment cover sheet.

Any application received without payment information included cannot be processed.

I. JOB LOCATION			
Name of Owner/Agent _____			
Street Address & Job Location (Street No. & Name)	Suite/Apt No.	City Ann Arbor	Zip Code
Has a building permit been obtained for this project? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required			
II. CONTRACTOR/HOMEOWNER INFORMATION			
<input type="checkbox"/> Contractor <input type="checkbox"/> Homeowner	Name _____	State License No. _____	Exp. Date _____
Address (Street No. and Name) _____		Telephone Number _____	
City _____	State _____	Zip Code _____	Email _____
Federal Employer ID Number (or reason for exemption) _____		MESC Employer Number (or reason for exemption) _____	
Workers Compensation Insurance Carrier (or reason for exemption) _____			
III. TYPE OF JOB			
Maximum 1 permit per application <input type="checkbox"/> MECHANICAL <input type="checkbox"/> PLUMBING <input type="checkbox"/> ELECTRICAL			
<input type="checkbox"/> Single Family	<input type="checkbox"/> New	<input type="checkbox"/> Tenant Finish	<input type="checkbox"/> Addition Rental Property? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other	<input type="checkbox"/> Existing	<input type="checkbox"/> Special Inspection	<input type="checkbox"/> Alteration # of Units _____
DESCRIPTION OF WORK _____ _____ _____			
IV. APPLICANT SIGNATURE			
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 Licensee or Homeowner _____			Date _____
Print Name _____ (Homeowner signature indicates compliance with Section VI, Homeowner Affidavit)			
V. HOMEOWNER AFFIDAVIT			
I hereby certify the work described on this permit application shall be installed by myself in my own home in which I am living or about to occupy. All work shall be installed in accordance with the State Code and shall not be enclosed, covered up, or put into operation until it has been inspected and approved by the City Inspector. I will cooperate with the City Inspector and assume the responsibility to arrange for necessary inspections.			
INITIAL HERE (homeowner only) _____			

*** A **MINIMUM** OF 24 HOURS IS REQUIRED FOR REVIEW AND PROCESSING ***

(MULTIPLE APPLICATIONS ON A PROPERTY MAY REQUIRE ADDITIONAL PROCESSING TIME)

VI. PERMIT REQUIREMENTS

GENERAL: Work shall not be started until the application for permit has been filed with Planning & Development Services. All installations shall be in conformance with the applicable State Code. No work shall be concealed until it has been inspected. The telephone number for inspections will be provided on the permit form. When ready for inspection, call 734-994-8460 providing as much advance notice as possible. The contractor will need the job location and permit number to schedule an inspection.

EXPIRATION OF PERMIT: A permit remains valid as long as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within six months after issuance of the permit or if the authorized work is suspended or abandoned for a period of six months after the time of commencing the work. **A PERMIT WILL BE CANCELLED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN SIX MONTHS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION.**

Expired Permit Reactivation Fee \$35

VII. FEES

MECHANICAL				PLUMBING			
<i>Qty</i>	<i>Item</i>	<i>Fee</i>	<i>Amt</i>	<i>Qty</i>	<i>Item</i>	<i>Fee</i>	<i>Amt</i>
	Base fee – includes one inspection	\$50			Base fee – includes one inspection	\$50	
	Each additional inspection	\$30			Each additional inspection	\$30	
	Gas pressure test, Commercial	\$65			Urinal	\$10	
	Gas pressure test, Residential	\$45			Lavatory/Sink	\$10	
	Heating: Units up to 200,000 BTU	\$50			Water heater, new construction	\$15	
	Heating: Units over 200,000 BTU	\$135			Water heater, replacement	\$10	
	Refrigeration: 2 HP or less	\$40			Water closet	\$10	
	Refrigeration: 2 ¼ – 5 HP	\$55			Tub/Shower	\$10	
	Refrigeration: 5 ¼ – 50 HP	\$75			Grease interceptor	\$10	
	Refrigeration: Over 50 HP	\$120			Indirect drain	\$10	
	Air handlers	\$40			Dental chair	\$15	
	Distribution system	\$40			Clothes washer/standpipe	\$15	
	Fire damper	\$30			Flood drain	\$10	
	Heating: Incinerator, under 5	\$25			Dishwashers	\$10	
	Heating: Incinerator, over 5 bushel	\$55			Drinking Fountain	\$10	
	Gas distribution lines	\$50			Sump pumps	\$10	
	Gas or oil burner up to 200,000	\$50			Back flow preventers	\$10	
	Factory-built fireplace	\$50			Water Service: ¾ inch	\$30	
	Chimney liner	\$20			Water Service: 1 inch	\$40	
	Exhaust hood	\$40			Water Service: 1-2 inches	\$50	
	Emergency generator	\$40			Water Service: 2-4 inches	\$70	
	Humidifiers	\$30			Sewers: Residential drain	\$50	
	Water heater, replacement	\$10			Sewers: Up to 4 inches	\$15	
	Bathroom fans	\$15			Sewers: Over 4 inches	\$40	
	Other	\$15			Plumbing repair/replacement	\$10	
TOTAL				TOTAL			
ELECTRICAL							
<i>Qty</i>	<i>Item</i>	<i>Fee</i>	<i>Amount</i>				
	Base fee – includes one inspection	\$50					
	Each additional inspection	\$30					
	Service feeders: 120 volt	\$5					
	Service feeders: 220 volt	\$10					
	Service feeders: over 220 volt	\$15					
	Circuit Feeders	\$7					
	Circuit feeders, over 200 volts	\$20					
	Service panels: 100 amp	\$35					
	Service panels: 101-400 amp	\$45					
	Service panels: Over 400 amp	\$65					
	Sub-service panels	\$55					
	Misc. wire/coding repair	\$50					
	Temporary service	\$35					
	Outdoor meter cabinet	\$30					
	Interruptible A/C panel	\$35					
TOTAL							



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PAYMENT COVER SHEET

NAME: _____

COMPANY/PROPERTY NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

SIGNATURE: _____