



BUILDING PERMIT APPLICATION

- COMMERCIAL

CONSTRUCTION AND BUILDING

City Hall: 301 E. Huron St., Ann Arbor, MI 48104-6120
 Mailing: P.O. Box 8647, Ann Arbor, MI 48107-8647
 Phone: 734.794.6263 ext. 0 building@a2gov.org
 Fax: 734.994.8460

OFFICE USE ONLY	
Permit Number	BLDG# _____
DATE STAMP	

APPLICATION MUST BE FILLED OUT COMPLETELY

AUTHORITY: PA. 230 of 1972, AS AMENDED

PENALTY: PERMIT WILL NOT BE ISSUED

PROPERTY LOCATION

PROJECT ADDRESS		ZONING DISTRICT	
CITY	ZIPCODE	SUITE /UNIT #	
ANN ARBOR			

Is this a Rental Property? No Yes, # of Units: _____

Is Property in a Historic District? No Yes DISTRICT NAME: _____ HDC#: _____

Is Property In A Floodplain? No Yes DNR – E Permit #: _____ Approval: _____

PROPERTY OWNER INFORMATION

NAME		PHONE/CELL # (AREA CODE)	
EMAIL ADDRESS		FAX No.	
ADDRESS	CITY	STATE	ZIPCODE

CONTRACTOR INFORMATION

NAME		PHONE/CELL # (AREA CODE)		FAX No.	
ADDRESS		CITY		STATE	
CONTRACTOR LICENSE #		EXPIRATION DATE		EMAIL ADDRESS	

Pursuant to Public Act 135 of 1989 – All Building Division Permit Applicants MUST complete this section below

FEDERAL EMPLOYER I.D. # (OR REASON FOR EXEMPTION)
WORKERS COMPENSATION INSURANCE CARRIER (OR REASON FOR EXEMPTION)
MESC EMPLOYEE #

ARCHITECT / ENGINEER INFORMATION

NAME		PHONE/CELL # (AREA CODE)		FAX No.	
ADDRESS		CITY		STATE	
LICENSE #		EXPIRATION DATE		EMAIL ADDRESS	

TYPE OF JOB / PROJECT INFORMATION – COMPLETE ALL INFORMATION

Type of Construction:	<input type="checkbox"/> Interior Only	<input type="checkbox"/> Exterior / Facade	<input type="checkbox"/> Addition or New Construction – Site Plan Req'd: SP/SCP#
DESCRIPTION: <i>Provide a detailed description of work to be covered by the permit (e.g. renovating an office space or building a 5000 sq.ft. warehouse).</i>			

PROJECT COST

ESTIMATED COST OF PROJECT: \$ _____

The project cost must include material and labor for scope of permit, ***including*** mechanical, electrical and plumbing work. Mechanical, electrical and plumbing to obtain separate permits. Please provide payment information to process the application using the ***payment cover sheet***. *Any application received without payment information included cannot be processed.*

YOU MUST SUBMIT ONE (1) DIGITAL VERSION OF SITE PLANS

For full requirements, refer to the attached checklist

CHECK ALL THAT APPLY	Type of Improvement	Area Affected	Type of Structure	Comments to Reviewer
	Build / Finish	New	Building	
	Addition (s) to	Existing	Tenant Space	_____
	Alteration (s) to	Shell	Deck	_____
	Change of Occupancy	Foundation only Occupancy_____	Garage	_____
	Other:	Sq Ft_____	Porch	_____
	_____	_____	Roof	_____
_____	_____	Siding	_____	
_____	_____	Sign	_____	
_____	_____	Windows: # _____		

USE – OCCUPANCY CLASSIFICATION AS REGULATED BY THE MICHIGAN BUILDING CODE: CHECK ALL THAT APPLY

<input type="checkbox"/> VACANT	<input type="checkbox"/> F-2: FACTORY (LOW HAZARD)	<input type="checkbox"/> I-4: INSTITUTIONAL 4 (DAY CARES, ETC.)
<input type="checkbox"/> A-1: ASSEMBLY (THEATERS, ETC.)	<input type="checkbox"/> H-1: HIGH HAZARD (DETONATION)	<input type="checkbox"/> M: MERCANTILE
<input type="checkbox"/> A-2: ASSEMBLY (RESTAURANTS, BARS, ETC)	<input type="checkbox"/> H-2: HIGH HAZARD (DEFLAGRATION)	<input type="checkbox"/> R-1: RESIDENTIAL 1 (HOTELS, BOARDING HOUSES, ETC.)
<input type="checkbox"/> A-3: ASSEMBLY (LIBRARY, RELIGIOUS BUILDINGS, ETC.)	<input type="checkbox"/> H-3: HIGH HAZARD (PHYSICAL)	<input type="checkbox"/> R-2: RESIDENTIAL 2 (MULTIPLE FAMILY, FATHERNITY, SORORITY, ETC.)
<input type="checkbox"/> A-4: ASSEMBLY (INDOOR SPORTS FACILITIES, ETC.)	<input type="checkbox"/> H-4: HIGH HAZARD (HEALTH)	<input type="checkbox"/> R-3 RESIDENTIAL 3 (1 & 2 FAMILY AND TOWNHOUSE)
<input type="checkbox"/> A-5: ASSEMBLY (OUTDOOR SPORTS, STADIUMS, ETC.)	<input type="checkbox"/> H-5: HIGH HAZARD (HPM)	<input type="checkbox"/> R-4: RESIDENTIAL 4 (ASSISTED LIVING)
<input type="checkbox"/> B: BUSINESS	<input type="checkbox"/> I-1: INSTITUTIONAL 1 (SUPERVISED – ASSISTED LIVING, GROUP HOMES)	<input type="checkbox"/> S-1: STORAGE (MODERATE HAZARD)
<input type="checkbox"/> E: EDUCATIONAL	<input type="checkbox"/> I-2: INSTITUTIONAL 2 (HOSPITAL, NURSING HOME, ETC.)	<input type="checkbox"/> S-2: STORAGE (LOW HAZARD)
<input type="checkbox"/> F-1: FACTORY (MODERATE HAZARD)	<input type="checkbox"/> I-3: INSTITUTIONAL 3 (PRISONS, ETC.)	<input type="checkbox"/> U: UTILITY (MISC, GARAGES, SHEDS, FENCES, ETC.)

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

<input type="checkbox"/> SINGLE USE	<input type="checkbox"/> MIXED USE	<i>SEPARATION OPTION:</i>	<input type="checkbox"/> Non-separated uses	<input type="checkbox"/> Separated uses	<input type="checkbox"/> Separated buildings
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PLANNING AND ZONING: You MUST contact Planning at 734-794-6265 or planning@a2gov.org prior to submission of permit applications for site planned projects

Existing Use: (specify type)	Proposed Use: (specify type)
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APPLICANT INFORMATION

NAME		PHONE/CELL # (AREA CODE)	
EMAIL ADDRESS		FAX No.	
ADDRESS	CITY	STATE	ZIPCODE

APPLICANT SIGNATURE

APPLICANT, agrees to comply with all terms and conditions or permit as it may be issued.

Title of SIGNING AUTHORITY (below): _____

		
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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).

OFFICE USE ONLY

PLANNING AND ZONING NOTES AND SIGNATURE	DATE
HISTORIC DISTRICT NOTES AND SIGNATURE	DATE
GRADING NOTES AND SIGNATURE	DATE
BUILDING NOTES AND SIGNATURE	DATE:
FEES	
BUILDING APPLICATION FEE: \$15.00	PLAN REVIEW: \$
CONTRACTOR REGISTRATION: \$15.00 (RESIDENTIAL/COMMERCIAL: R1, R2, R3, R4)	BUILDING PERMIT FEE: \$
ZONING REVIEW: <input type="checkbox"/> \$25 <input type="checkbox"/> \$70 N/A	HISTORIC DISTRICT FEE:\$
SITE COMPLIANCE: <input type="checkbox"/> \$150 <input type="checkbox"/> N/A	
SUBTOTAL:	TOTAL: \$



ADDENDUM FOR COMMERCIAL APPLICATION FOR PLAN REVIEW 2015 MICHIGAN BUILDING CODE

PROJECT NAME		DATE:	
PROJECT LOCATION:(Street No and Name)		CITY, STATE ANN ARBOR, MICHIGAN	ZIPCODE
PROPERTY OWNER'S NAME			
DETAILED PROJECT DESCRIPTION AND USE (WITH SQUARE FOOTAGE)			

This application is to be completed by the Design Professional in RESPONSIBLE charge (Architect or Engineer) who prepared the plans for the above mentioned project. Please complete this application as thoroughly as possible. This information requested is necessary for this department to properly perform a plan review.

1. CONSTRUCTION CODE THAT THE PROJECT IS DESIGNED FOR: (The same construction code(s) should also be listed on the Blue Prints).

Building	Energy
Mechanical	Barrier Free
Plumbing	Fire
Electrical	

2. The Building Is Equipped Throughout With The Following Automatic Fire Suppression: (Check One)

- No Complete Suppression
 NFPA – 13 System (903.3.1.1)
 NFPA – 13R System (903.3.1.2)
 Other System: _____

3. The Use Group Classification(s) Of This Building Is: (Check More Than One If Applicable)

- | | | |
|---|---|---|
| <input type="checkbox"/> A-1: ASSEMBLY (303.1) | <input type="checkbox"/> H-1: HIGH HAZARD (307.3) | <input type="checkbox"/> M: MERCANTILE (309.1) |
| <input type="checkbox"/> A-2: ASSEMBLY (303.1) | <input type="checkbox"/> H-2: HIGH HAZARD (307.4) | <input type="checkbox"/> R-1: RESIDENTIAL 1 (310.1) |
| <input type="checkbox"/> A-3: ASSEMBLY (303.1) | <input type="checkbox"/> H-3: HIGH HAZARD (307.5) | <input type="checkbox"/> R-2: RESIDENTIAL 2 (310.1) |
| <input type="checkbox"/> A-4: ASSEMBLY ((303.1) | <input type="checkbox"/> H-4: HIGH HAZARD (307.6) | <input type="checkbox"/> R-3 RESIDENTIAL 3 (310.1) |
| <input type="checkbox"/> A-5: ASSEMBLY (303.1) | <input type="checkbox"/> H-5: HIGH HAZARD (307.7) | <input type="checkbox"/> R-4: RESIDENTIAL 4 (310.1) |
| <input type="checkbox"/> B: (304.0) | <input type="checkbox"/> I-1: INSTITUTIONAL 1 (308.3) | <input type="checkbox"/> S-1: STORAGE (311.2) |
| <input type="checkbox"/> E: (305.0) | <input type="checkbox"/> I-2: INSTITUTIONAL 2 (308.4) | <input type="checkbox"/> S-2: STORAGE (311.3) |
| <input type="checkbox"/> F-1: FACTORY (306.2) | <input type="checkbox"/> I-3: INSTITUTIONAL 3 (308.5) | <input type="checkbox"/> U: UTILITY (312.1) |
| <input type="checkbox"/> F-2: FACTORY (306.3) | <input type="checkbox"/> I-4: INSTITUTIONAL 4 (308.6) | <input type="checkbox"/> Other: _____ |

4. If The Building Is Occupied By Two (2) Or More Use Group Classifications, Which Option In Section 508 Has Been Utilized In The Design Of The Building? (Check One)

- Option 1: No Fire Separation of Uses Are accessory occupancies included? Yes No
 Option 2: Uses Separated with Fire Barrier Walls Are accessory occupancies included? Yes No

5. The Following Indicates The Occupant Load For Which The Exit(s) Has Been Designed: (Check More Than One If Applicable)

	<u>Room or Area</u>	<u>Number of Occupants</u>
<input type="checkbox"/> Table (1004.1.2)	_____	_____
<input type="checkbox"/> Actual Number (1004.1.1)	_____	_____
<input type="checkbox"/> No. by combination (1004.1.1)	_____	_____
<input type="checkbox"/> Increased number (1004.2)	_____	_____
<input type="checkbox"/> Fixed Seats (1004.4)	_____	_____

Total Occupant Load: _____

6. The Following Is The Type Of Construction Classification Proposed For The Building: (Check More Than One If Applicable) Table 601

- | | | | | |
|---------------------------------------|------------------------------------|-------------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> TYPE I A | <input type="checkbox"/> TYPE II A | <input type="checkbox"/> TYPE III A | <input type="checkbox"/> TYPE IV | <input type="checkbox"/> TYPE V A |
| <input type="checkbox"/> TYPE I B | <input type="checkbox"/> TYPE II B | <input type="checkbox"/> TYPE III B | | <input type="checkbox"/> TYPE V B |
| <input type="checkbox"/> OTHER: _____ | | | | |



ADDENDUM FOR COMMERCIAL APPLICATION FOR PLAN REVIEW

7. a) The building framing system has been designed to withstand a minimum 20 lb ground snow load?

Yes No Other: _____

b) The building has been designed to withstand a minimum Of 115 mph Wind Load (3 second gust wind speed)?

Yes No Other: _____

8. The following indicates the live floor load (s), (Table 1607.1) for which the floor system has been designated:

- _____ psf, area: _____
- _____ psf, area: _____
- _____ psf, area: _____

9. a) The soil bearing capacity required for this design is _____ per square foot

b) A soils investigation report has been prepared and attached?

Yes No Other: _____

10. The plans submitted do not show compliance with the following Michigan Barrier Free Design rules: (attach application for exception request)

_____ Building is in compliance with Michigan Barrier Free Design

11. The following sealed plans have been submitted, or will be submitted prior to issuance of the applicable permit: (check more than one if applicable)

- Architectural Electrical Plumbing
- Mechanical Fire Suppression Other _____
- Special Inspections will be performed (Section 1704)
- The special inspections statement handout (Section 1704.1.1) is attached

12. a) Required Heating demand _____ BTU's, Cooling demand _____ tons of cooling.

b) Input rating of Heating equipment _____ BTU's, Cooling equipment _____ tons of cooling.

13. Provide electrical service voltage _____ amperage _____.

14. Number of plumbing fixtures _____.

15. The building area is _____ square feet.

16. The building height above grade is _____ feet and _____ stories.

17. Fire areas and square footage

18. I have attached documentation for the Energy Code Requirements?

Building Envelope Heating and Cooling Systems Electrical Systems

ARCHITECT'S OR ENGINEER'S CONTACT INFORMATION:

NAME: _____

ADDRESS: _____

OFFICE PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

SIGNATURE WITH SEAL

WHEN SUBMITTING, PLEASE PUT THE ADDRESS IN THE SUBJECT LINE