



BUILDING PERMIT APPLICATION

CHARTER TOWNSHIP OF YPSILANTI - OFFICE OF COMMUNITY STANDARDS

7200 S. HURON RIVER DR. - YPSILANTI, MI 48197 -- 734.544.4000 x 1

For Office Use Only

MINIMUM ITEMS NEEDED FOR SUBMITTAL (Office Use Only)

Plot Plan ____ Construction Drawings ____ (2 copies Residential / 3 copies Commercial / 3 copies New Home)

Signed Contract ____ Sketch Plan (signs) ____

I. JOBSITE INFORMATION

Street Address & Job Location (Street No. & Name)		Name of Owner / Agent / Telephone #			
Lot Number	Subdivision				
Residential		Homeowner Email Address Required		New	Alteration
Commercial				Service Only	Other

II. CONTRACTOR / HOMEOWNER INFORMATION

Name		Driver's License #		Expiration Date	
Address (Street No. & Name)		City	State	Zip	
Telephone #		Cell #		Contractor License #	
Worker's Comp Ins Carrier	MESC Emp #	Federal Employer ID #	Email Address		

III. DESIGN PROFESSIONAL (2015 Michigan Building Code - Sec. 108 (A) 1107.3.4)

Where it is required that documents be prepared by a *registered design professional*, the *building official* shall be authorized to require the *owner* or the owner's authorized agent to engage and designate on the building permit application a *registered design professional* who shall act as the *registered design professional in a responsible charge*. If the circumstances require, the *owner* or the owner's authorized agent shall designate a substitute *registered design professional in responsible charge* who shall perform the duties required of the original *registered design professional in responsible charge*. The *building official* shall be notified in writing by the *owner* or the owner's authorized agent if the *registered design professional in responsible charge* is changed or is unable to continue to perform the duties. **The registered design professional in responsible charge shall be responsible for reviewing and coordinating submittal documents prepared by others, including phased and deferred submittal items, for compatibility with the design of the building.**

Registered Design Professional Name (please print)	Substitute Registered Design Professional Name (please print)
Registered Design Professional Signature / Date	Substitute Registered Design Professional Signature / Date

IV. COSTS / FEES / PERMITS

STRUCTURAL IMPROVEMENT VALUE	\$	APPLICATION TYPE (Check appropriate box)			
Value below is not included in the above cost		New Building		Demolition	
A. Electrical	\$	Addition		Mobile Home Set-up	
B. Plumbing	\$	Deck		Alteration / Repair	
C. Heating / AC	\$	Window		Pre-Manufacture	
D. Other	\$	Fence		Sign	
TOTAL VALUE:	\$	Roof		Other	
FEES (office use only)		PROPOSED USE (Check appropriate box)			
Permit	\$	Residential Use			
C of O (temp)	\$	One Family			
Plan Review	\$	Two or More Families (# of units)			
YCUA Permit #		Transient Hotel / Motel / Dorm (# of units)			
WCRC Permit #		Garage		Carport	
Bike Path	\$	Other			
Number of Sign Faces x \$50	\$	Non-Residential Use			
Contractor Registration Fee	\$	Church/ Other Religious		Industrial	
Administration Fee	\$	Hospital / Institutional		Public Utility	
Other	\$	Stores / Mercantile		Office/Bank/ Prof.	
Other	\$	School / Library / Other Educational			
TOTAL FEE:	\$	Service Station / Repair Garage			

V. PROVIDE DETAILED DESCRIPTION**BUILDING:** Describe in detail the proposed use of existing and / or new buildings and the work to be performed.**SIGNS:** Describe in detail materials, structure, weight, method of attachment, color, sign copy, etc.**VI. BUILDING CHARACTERISTICS (Check all appropriate boxes)**

Principal Type of Frame			Type of Water Supply	
Masonry (wall bearing)			Public or Private Company	
Wood Frame			Private (septic tank, etc.)	
Structural Steel			Dimensions	
Reinforced Concrete			Number of Stories	
Other			Total sq. ft.. Of Floor Area (based on exterior dimension)	
Principal Type of Heating			Number of Off-Street Parking Spaces	
Gas			Enclosed	
Oil			Outdoors	
Electricity			Residential Buildings Only	
Coal		Number of Bedrooms		
Other		Number of Bathrooms		

VII. SIGN INFORMATION ONLY (Check all appropriate boxes)

Permanent Signs			Temporary Signs	
Ground			Construction	
Wall			Special Event	
Canopy			Real Estate	
Marquee			Sale of Produce	
Window			Number of Sign Faces	
Directional			One	
Illuminated			Two	
No				
Yes				

-- Enclose Fixture Specifications, Lamping Options and Photometric Grid

***Signs shall be designed by a registered design professional, licensed with the State of Michigan. Signs shall be designed in accordance with Appendix H, Section H105 of the Michigan Building Code, 2021**

Area of Sign Face: _____	sq. ft.	Sign Face Dimensions: _____	
Overall Sign: _____	ft.	Height to Bottom Edge of Sign Box: _____	ft.
Street Right of Way (ROW) Width: _____	ft.	Setback from Property Line / ROW: _____	ft.
Setback from Structures: _____	ft.	Depth of Footings: _____	ft.

The Office of Community Standards will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap or political beliefs.

VIII. 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

Print Name Legibly

Witness Signature and Title

Date

IX. HOMEOWNER AFFIDAVIT

I hereby certify the work described on this permit application shall be installed **by myself, in my own home**, which I am living in or am about to occupy. All work shall be installed in accordance with the Michigan Building Code and **shall not be enclosed, covered up or put into operation** until it has been **inspected and approved** by the Building Inspector. I will cooperate with the Building Inspector and assume the responsibility to arrange for necessary inspections and also understand that performing construction activities in contradiction to the application language is a violation of STATE law - Public Act 299; Article 24, section 339.2403.

Signature of Homeowner

Print Name Legibly

GENERAL: Work shall not be started until issuance of permit. All installations shall be in conformance with the Michigan Code. **No work shall be concealed until it has been inspected.** When ready for inspection, call the building department at (734) 544.4000 x 1. A minimum of one business day advance notice required. **The clerk will need the JOB LOCATION AND PERMIT NUMBER.**

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 has 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 CANCELED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN SIX MONTHS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CANCELED PERMITS MAY NOT HAVE A 60% REFUND IF INSPECTIONS / SITE VISITS HAVE BEEN MADE OR SIX MONTHS TIME HAS ELAPSED SINCE PERMIT ISSUANCE. PLAN REVIEW FEES ARE **NOT** REFUNDABLE. RENEWALS OR EXTENSION APPLICATIONS SHALL BE IN WRITING BEFORE THE EXPIRATION DATE HAS OCCURED. A \$50 FEE SHALL BE CHARGED FOR RENEWALS.

X. PLOT PLAN

Zoning Classification:		Proposed Use:
Total Lot Size:		
Total Land Area (sq. ft.)		Environmental Concerns
Total Allowable coverage:		Wetlands:
Total Coverage Shown:		Woodlands Protection:
Setbacks		Soil Erosion:
- Front:		Drainage:
- Back:		
- Side:		
- Sign Setback from ROW:		

Planning & Zoning Coordinator Approval	Date
Building Director / Official Approval	Date

OFFICE OF COMMUNITY STANDARDS STAFF COMMENTS

[illegible]