

PLAN EXAMINATION AND BUILDING PERMIT APPLICATION

31555 West Eleven Mile Road Farmington Hills, MI 48336-1165

Office (248) 871-2450 Inspections: bdinspectrequest@fhgov.com Fax (248) 871-2451

								Use Group				
l.	Location							Zoning Distric	t			
Location of	(No.) (Street) Between And											
Building			(Cross Street)					(Cross Street)				
	Subdivision			Lot		Sidwell #						
U. I. I												
II. Identification												
A. Owner o	r Lessee					Telephone No.		Fax				
						relephone No.		T dix				
Address			City			State		Zip Code				
B. Architec	t or Engine	er										
Name	t or Engine	· Ci				Telephone No.		Fax				
Address			City			State		Zip Code				
			Oily			oldio		-,				
Email			License No.			Expiration Date						
C. Contrac	tor											
Name						Telephone No.		Fax				
Address			City			State		Zip Code				
Audiess			City				Zip oddo					
Email			Builders License No).		Expiration Date						
Federal Employ Reason for	er ID Number or Exemption											
	surance Carrier or Exemption											
MESC Employer N	Number or Reason emption											
		work is authorized laws of this jurisic		ecord and that I have	e been authoriz	ed by the owner	to file this applica	tion as his author	ized agent and we			
Signature of applic				Address					Date			
х												
Print Name				Phone No.			Phone No.					
Section 23a of the State Construction Code Act of 1972, Act No. 230 of the Public Acts of 1972, being Section 125.1523a of the Michigan Complied												
				icensing requiren ction 23a are sub			persons who	are to perform	work on a			
III. Type an	d Cost of B	uilding - <i>All</i>	applicants	complete Pa	rts A-C							
D. Owners	hip											
	□ Private (Individual, corporation, non profit institution, etc.)											
	□ Public (Federal, State or local government)											

E. Value of Improveme	ent \$											
F. Description of propo												
(medical office, accountantect.)	ts office, com	puter repair a	nd sales, reta	ail sales of foo	od products, v	varehousing o	of hardware, machine shop,					
G. Descripton of work:	Proposed	work. If pro	ject is phas	ed, provide	phasing s	chedule at t	ime of submittal.					
IV. Selected Characteristics of Building For new buildings and additions, complete Parts G-N; for all others skip to V.												
H. Principal Type of Fr	ame		J. Type of	Sewage Dis	sposal	M. Dimensions						
☐ Masonry (wall bearing)			☐ Public or private company			Number of stories						
				ate (septic tar								
				Water Supp	oly	Total square feet of floor						
Reinforced concrete			☐ Public or private company			area, all floors, based on exterior dimensions						
□ Other-(Specia	□ Other-(Specify)				nk, etc.)							
I. Principal Type of Hea	ating Fuel		L. Type of		-	N. Residential Buildings Only						
□ Gas			Will there be	e central air co	nditioning?	Number of B	edrooms					
□ Oil	□ Oil			□Yes □No								
□ Electricity						Number of B						
□ Other-(Speci	fy)		Will there be an elevator? ☐ Yes ☐ No		Partial Full							
V. Attach site or plot plan,	Indicate chin	nevs hav wir		_	ers etc Note		ts Show all					
buildings and structures			_									
all other buildings and s												
VI. Plan Review Record	d - For offic	e use										
Plans Review Required	Check	Initial Review Fee	Date Plans Started	Ву	Date Plans Approved	Ву	Notes					
Building												
VII. Zoning Plan Exami	iners Notes			VIII. Building								
Zoning District:		Code: 2015 MBC & 2015 MRC										
Height:		Use Group:										
Front Yard:		Construction Type:										
Side Yard:		Occupant Load: Sq. Ftg:										
Side Yard:		Automatic Sprinkler: Y N Required: Y N										
Rear Coverage:		Electrical Review:										
Lot Coverage:		Plumbing Review:										
Rear Yard:		Mechanical Review:										
Engineering:		Additional Building Plan Review Fee:										
Notes:		Sewer Fee:										
				Structural Fee:								