



Building Permit Application

12050 Woodward Ave
Highland Park, MI 48203

Phone: 313-252-0050 ext. 209
building@highlandparkmi.gov



HOMEOWNERS: A DRIVERS LICENSE IS REQUIRED TO PULL A PERMIT. FAILURE TO COMPLETE THE APPLICATION IN FULL OR PRESENT THE REQUIRED DOCUMENTS, WILL RESULT IN YOUR PERMIT BEING DENIED.	CONTRACTORS: COPIES OF YOUR DRIVERS LICENSE, CONTRACTORS LICENSE AND GENERAL LIABILITY INSURANCE IS REQUIRED WITH EVERY SUBMITTAL. FAILURE TO COMPLETE THE APPLICATION IN FULL OR TO PRESENT THE REQUIRED DOCUMENTS, WILL RESULT IN YOUR PERMIT BEING DENIED.
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Project or Facility Information

PROJECT NAME		ADDRESS	
		CITY	ZIP CODE

Applicant

NAME		E-MAIL		
ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)

Owner of the land in fee on which the building or structure will be constructed

NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)	

Cost and Fees

ESTIMATED PROJECT COST (MATERIALS AND LABOR EVEN IF WORK IS BEING DONE BY YOURSELF (HOMEOWNER)). \$ _____	Give a brief description of the project: _____ _____ _____				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Non-refundable application fee</td> <td style="width: 30%; text-align: right;">\$50.00</td> </tr> <tr> <td>Re-Open Expired Permit</td> <td style="text-align: right;">\$75.00</td> </tr> </table>	Non-refundable application fee	\$50.00	Re-Open Expired Permit	\$75.00	
Non-refundable application fee	\$50.00				
Re-Open Expired Permit	\$75.00				

Validation - For Department Use Only **Validation Area**

USE GROUP _____ TYPE OF CONSTRUCTION _____ SQUARE FEET _____ APPLICATION FEE (non-refundable) \$ _____ CERTIFICATE OF OCCUPANCY <input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____ NUMBER OF INSPECTIONS _____ \$ _____ TOTAL PERMIT FEE \$ _____ APPROVAL SIGNATURE _____	
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Residential builder or Residential maintenance and alteration contractor			
NAME	COMPANY NAME	ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
STATE OF MICHIGAN LICENSE NUMBER			EXPIRATION DATE
FEDERAL EMPLOYER ID NUMBER (or reason for exemption)		WORKERS COMP INSURANCE CARRIER (or reason for exemption)	
UNEMPLOYMENT INSURANCE AGENCY EMPLOYER ACCOUNT NUMBER (or reason for exemption)			

Purpose of Project				
<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> FOUNDATION ONLY	<input type="checkbox"/> RELOCATION
<input type="checkbox"/> ADDITION	<input type="checkbox"/> REPAIR	<input type="checkbox"/> MOBILE HOME SET-UP	<input type="checkbox"/> PREMANUFACTURE	<input type="checkbox"/> OTHER _____

Plan Review Required				
<p>Construction documents must be sealed and signed by an architect or professional engineer in accordance with 1980, PA 299 as amended. The seal and signature is not required for one- and two-family dwellings less than 3,500 square feet of calculated floor area and public works less than \$15,000 in total construction cost. Applicant must submit a detailed statement in writing, verified by affidavit of the individual making it, of the specifications for the building or structure, and full and complete copies of the plans drawn to scale of the proposed work. Applicant must also submit a site plan showing the dimensions, and the location of the proposed building or structure and the other buildings or structures on the same premises.</p>				
REVIEW(S) TO BE PERFORMED:				
1. Building	2. Plumbing	3. Mechanical	4. Electrical	5. Energy
<input type="checkbox"/> Plans Submitted	<input type="checkbox"/> PLANS NOT REQUIRED <input type="checkbox"/> PLANS REQUIRED & SUBMITTED	<input type="checkbox"/> PLANS NOT REQUIRED <input type="checkbox"/> PLANS REQUIRED & SUBMITTED	<input type="checkbox"/> PLANS NOT REQUIRED <input type="checkbox"/> PLANS REQUIRED & SUBMITTED	<input type="checkbox"/> PLANS NOT REQUIRED <input type="checkbox"/> PLANS REQUIRED & SUBMITTED

Residential - Buildings Regulated by the Michigan Residential Code		
<input type="checkbox"/> ONE FAMILY	<input type="checkbox"/> TOWNHOUSE NO. OF UNITS _____	<input type="checkbox"/> DETACHED GARAGE
<input type="checkbox"/> TWO OR MORE FAMILY NO. OF UNITS _____	<input type="checkbox"/> ATTACHED GARAGE	<input type="checkbox"/> OTHER _____

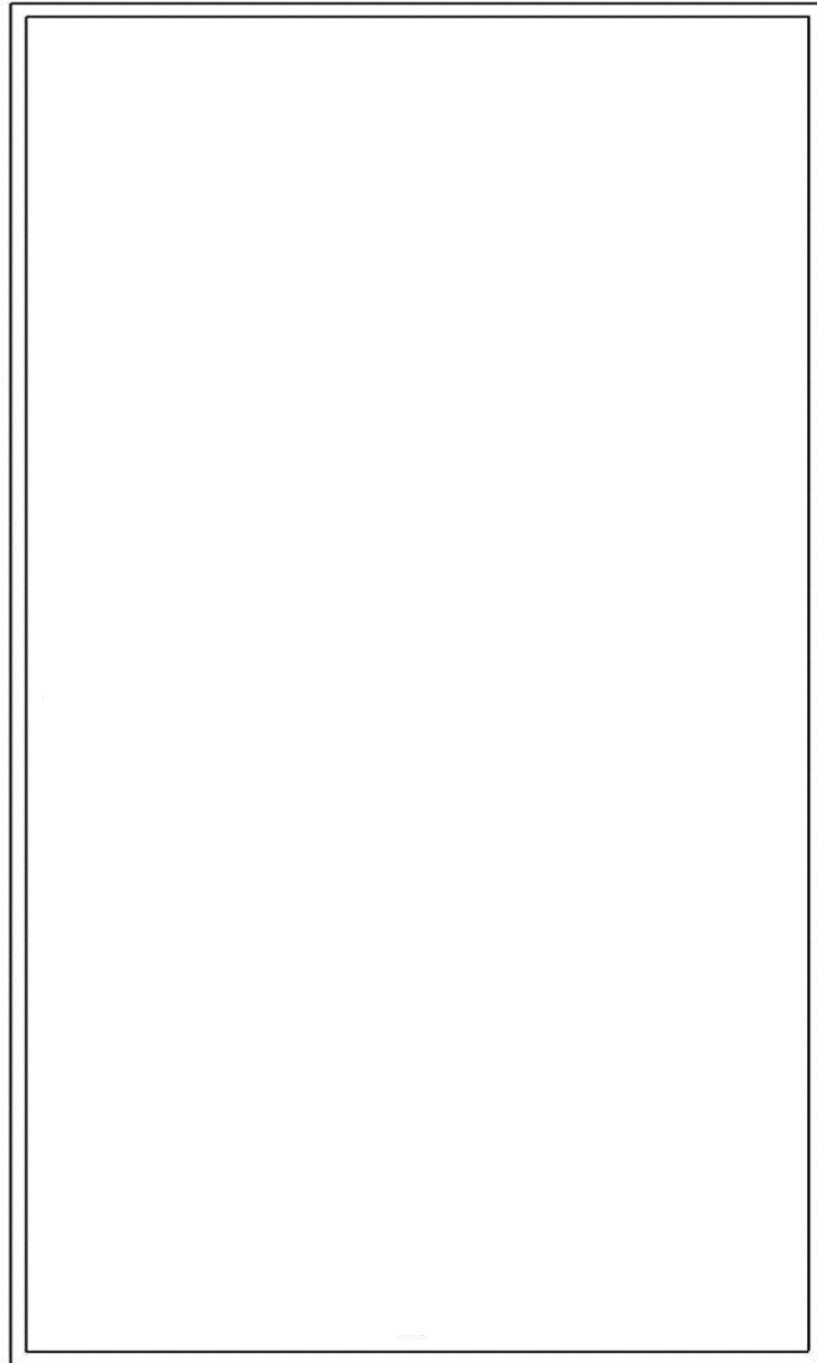
Buildings Regulated by the Michigan Building Code		
<input type="checkbox"/> (A-1) ASSEMBLY (THEATRES, ETC.)	<input type="checkbox"/> (H-1) HIGH HAZARD (DETONATION)	<input type="checkbox"/> (M) MERCANTILE
<input type="checkbox"/> (A-2) ASSEMBLY (RESTAURANTS, BARS, ETC.)	<input type="checkbox"/> (H-2) HIGH HAZARD (DEFLAGRATION)	<input type="checkbox"/> (R-1) RESIDENTIAL 1 (HOTELS, MOTELS)
<input type="checkbox"/> (A-3) ASSEMBLY (CHURCHES, LIBRARIES, ETC.)	<input type="checkbox"/> (H-3) HIGH HAZARD (COMBUSTION)	<input type="checkbox"/> (R-2) RESIDENTIAL 2 (MULTIPLE FAMILY)
<input type="checkbox"/> (A-4) ASSEMBLY (INDOOR SPORTS, ETC.)	<input type="checkbox"/> (H-4) HIGH HAZARD (HEALTH HAZARD)	<input type="checkbox"/> (R-3) RESIDENTIAL 3 (1 & 2 FAMILY)
<input type="checkbox"/> (A-5) ASSEMBLY (OUTDOOR SPORTS, ETC.)	<input type="checkbox"/> (H-5) HIGH HAZARD (HPM)	<input type="checkbox"/> (R-4) RESIDENTIAL 4 (ASSISTED LIVIN\G)
<input type="checkbox"/> (B) BUSINESS	<input type="checkbox"/> (I-1) INSTITUTIONAL 1 (SUPERVISED)	<input type="checkbox"/> (S-1) STORAGE 1 (MODERATE HAZARD)
<input type="checkbox"/> (E) EDUCATION	<input type="checkbox"/> (I-2) INSTITUTIONAL 2 (HOSPITALS ETC.)	<input type="checkbox"/> (S-2) STORAGE 2 (LOW HAZARD)
<input type="checkbox"/> (F-1) FACTORY (MODERATE HAZARD)	<input type="checkbox"/> (I-3) INSTITUTIONAL 3 (PRISONS ETC.)	<input type="checkbox"/> (U) UTILITY (MISCELLANEOUS)
<input type="checkbox"/> (F-2) FACTORY (LOW HAZARD)	<input type="checkbox"/> (I-4) INSTITUTIONAL 4 (DAY CARE ETC.)	

WILL THERE BE FIRE SUPPRESSION? <input type="checkbox"/> YES <input type="checkbox"/> NO	SCOPE OF WORK? <input type="checkbox"/>
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C. Dimensions / Data			
FLOOR AREA:	EXISTING	ALTERATIONS	NEW
BASEMENT	_____	_____	_____
1ST & 2ND FLOOR	_____	_____	_____
3RD FLOOR & ABOVE	_____	_____	_____
TOTAL AREA	_____	_____	_____

FOR RENOVATIONS/ALTERATIONS OR REPAIRS:

PLEASE GIVE US A FLOOR PLAN OF YOUR HOUSE BY WHAT IS EXISTING AND ANOTHER FLOOR PLAN OF WHAT IT WILL BE ONCE FINISHED. PLEASE SHOW US THE DIMENSIONS AND SPECIFY THE MATERIALS USED. THERE IS A 2ND DIAGRAM ON THE NEXT PAGE.

A large, empty rectangular box with a thin black border, intended for drawing a floor plan. The box is oriented vertically and occupies most of the lower half of the page.

