



APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

COMMUNITY DEVELOPMENT DEPARTMENT

45175 W. Ten Mile Rd.

Novi, Michigan 48375

(248) 347-0415

(248) 735-5600 Fax

www.cityofnovi.org

AUTHORITY:	P.A. 230 OF 1972, AS AMENDED	THE DEPARTMENT WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS.
COMPLETION:	MANDATORY TO OBTAIN PERMIT	
PENALTY:	PERMIT WILL NOT BE ISSUED	

APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, V AND VI

NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED FOR PLUMBING, MECHANICAL AND ELECTRICAL WORK PERMITS

I. PROJECT INFORMATION					
Project Name			Address		
City	Zip Code	Lot #	County	Sidwell # 5022- _____	
Between			And		
II. IDENTIFICATION					
A. OWNER OR LESSEE					
Name			Address		
City	State		Zip Code		
E-mail address		Telephone Number		Fax Number	
B. ARCHITECT OR ENGINEER					
Name			Address		
City	State		Zip Code		
E-mail address		Telephone Number		Fax Number	
License Number			Expiration Date		
C. CONTRACTOR					
Name			Address		
City	State		Zip Code		
E-mail address		Telephone Number		Fax Number	
Builders License Number			Expiration Date		
Federal Employer ID Number or Reason for Exemption					
Workers Compensation Insurance Carrier or Reason for Exemption					
MESC Employer Number or Reason for Exemption					

III. TYPE OF IMPROVEMENT AND PLAN REVIEW					
A. TYPE OF IMPROVEMENT					
<input type="checkbox"/> RESIDENTIAL		<input type="checkbox"/> NON-RESIDENTIAL (If any of the items 2-6 are checked below, Attachment A must be completed and returned to the Water Department)			
<input type="checkbox"/> 1. NEW BUILDING	<input type="checkbox"/> 2. ADDITION	<input type="checkbox"/> 3. CHANGE IN USE OR OCCUPANCY	<input type="checkbox"/> 4. ALTERATION	<input type="checkbox"/> 5. DEMOLITION	
<input type="checkbox"/> 6. RELOCATION	<input type="checkbox"/> 7. REPAIR	<input type="checkbox"/> 8. MOBILE HOME SET-UP	<input type="checkbox"/> 9. FOUNDATION ONLY	<input type="checkbox"/> 10. PREMANUFACTURE	
<input type="checkbox"/> 11. SPECIAL INSPECTION					
B. REVIEW(S) TO BE PERFORMED					
<input type="checkbox"/> BUILDING	<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> FOUNDATION	<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> PLUMBING	
IV. PROPOSED USE OF BUILDING					
A. RESIDENTIAL		<input type="checkbox"/> MICHIGAN BUILDING CODE		<input type="checkbox"/> MICHIGAN RESIDENTIAL CODE	
1. <input type="checkbox"/> ONE FAMILY	4. <input type="checkbox"/> ATTACHED GARAGE	7. <input type="checkbox"/> POOL			
2. <input type="checkbox"/> TWO OR MORE FAMILY NO. OF UNITS _____	5. <input type="checkbox"/> DETACHED GARAGE	8. <input type="checkbox"/> DECK			
3. <input type="checkbox"/> HOTEL, MOTEL NO. OF UNITS _____	6. <input type="checkbox"/> FINISH BASEMENT	9. <input type="checkbox"/> OTHER _____			
B. NON-RESIDENTIAL					
10. <input type="checkbox"/> AMUSEMENT	14. <input type="checkbox"/> SERVICE STATION	18. <input type="checkbox"/> SCHOOL, LIBRARY, EDUCATIONAL	22. <input type="checkbox"/> NIGHT CLUB		
11. <input type="checkbox"/> CHURCH, RELIGION	15. <input type="checkbox"/> HOSPITAL, INSTITUTIONAL	19. <input type="checkbox"/> STORE, MERCANTILE	23. <input type="checkbox"/> HAZARDOUS CHEMICALS		
12. <input type="checkbox"/> INDUSTRIAL	16. <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL	20. <input type="checkbox"/> TANKS, TOWERS	24. <input type="checkbox"/> OTHER _____		
13. <input type="checkbox"/> PARKING GARAGE	17. <input type="checkbox"/> PUBLIC UTILITY	21. <input type="checkbox"/> RESTAURANT			
NONRESIDENTIAL-DESCRIBE IN DETAIL PROPOSED USE OF BUILDING, E.G. FOOD PROCESSING PLANT, MACHINE SHOP, LAUNDRY BUILDING AT HOSPITAL, ELEMENTARY SCHOOL, SECONDARY SCHOOL, COLLEGE, PAROCHIAL SCHOOL, PARKING GARAGE FOR DEPARTMENT STORE, RENTAL OFFICE BUILDING, OFFICE BUILDING AT INDUSTRIAL PLANT. IF USE OF EXISTING BUILDING IS BEING CHANGED, ENTER PROPOSED USE.					

V. SELECTED CHARACTERISTICS OF BUILDING					
A. PRINCIPAL TYPE OF FRAME					
1. <input type="checkbox"/> MASONRY, WALL BEARING	2. <input type="checkbox"/> WOOD FRAME	3. <input type="checkbox"/> STRUCTURAL STEEL	4. <input type="checkbox"/> REINFORCED CONCRETE	5. <input type="checkbox"/> OTHER	
B. PRINCIPAL TYPE OF HEATING FUEL					
6. <input type="checkbox"/> GAS	7. <input type="checkbox"/> OIL	8. <input type="checkbox"/> ELECTRICITY	9. <input type="checkbox"/> COAL	10. <input type="checkbox"/> OTHER	
C. TYPE OF SEWAGE DISPOSAL					
11. <input type="checkbox"/> PUBLIC OR PRIVATE COMPANY		12. <input type="checkbox"/> SEPTIC SYSTEM			
D. TYPE OF WATER SUPPLY					
13. <input type="checkbox"/> PUBLIC OR PRIVATE COMPANY		14. <input type="checkbox"/> PRIVATE WELL OR CISTERN			
E. TYPE OF MECHANICAL					
15. WILL THERE BE AIR CONDITIONING?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	16. WILL THERE BE FIRE SUPPRESSION?	
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
F. DIMENSIONS / DATA					
17. NUMBER OF STORIES	_____	22. FLOOR AREA	EXISTING	ALTERATIONS	NEW
18. USE GROUP	_____	BASEMENT	_____	_____	_____
19. CONST. TYPE	_____	1ST & 2ND FLOOR	_____	_____	_____
20. OCCUPANT LOAD	_____	3RD - 10TH FLOOR	_____	_____	_____
21. SEPARATED OR NON SEPARATED MIXED USE	_____	11TH - ABOVE	_____	_____	_____
		TOTAL AREA	_____	_____	_____

G. NUMBER OF OFF STREET PARKING SPACES	
22. ENCLOSED _____	23. OUTDOORS _____

VI. APPLICANT INFORMATION

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION.

Name	Address		
City	State	Zip Code	Telephone Number
Federal ID Number / Social Security Number			

I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE STATE OF MICHIGAN. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

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 subjected to civil fines.

SIGNATURE OF APPLICANT

PLAN REVIEW FEE ENCLOSED \$ _____	COST OF IMPROVEMENT \$ _____
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VII. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION

	REQUIRED?	APPROVED	DATE	NUMBER	BY
A - ZONING	<input type="checkbox"/> YES <input type="checkbox"/> NO				
B - WOODLANDS	<input type="checkbox"/> YES <input type="checkbox"/> NO				
C - WETLANDS	<input type="checkbox"/> YES <input type="checkbox"/> NO				
D - FLOOD PLAIN	<input type="checkbox"/> YES <input type="checkbox"/> NO				
E - SOIL EROSION	<input type="checkbox"/> YES <input type="checkbox"/> NO				
F - SEWER SUPPLY	<input type="checkbox"/> YES <input type="checkbox"/> NO				
G - WATER SUPPLY	<input type="checkbox"/> YES <input type="checkbox"/> NO				
H - SEPTIC SYSTEM	<input type="checkbox"/> YES <input type="checkbox"/> NO				
I - FAÇADE	<input type="checkbox"/> YES <input type="checkbox"/> NO				
J - STORM WATER DETENTION	<input type="checkbox"/> YES <input type="checkbox"/> NO				
K - VARIANCE GRANTED	<input type="checkbox"/> YES <input type="checkbox"/> NO				

VIII. VALIDATION - FOR DEPARTMENT USE ONLY

USE GROUP _____	FEE BALANCE _____
TYPE OF CONSTRUCTION _____	OCCUPANT LOAD _____
SQUARE FEET _____	
APPROVAL SIGNATURE _____	
TITLE _____	DATE _____



PLAN REVIEW SHEET
CITY OF NOVI
Community Development Department
(248) 347-0415

Residential Multiple Commercial Commercial Tenant Change

Building Permit Number (to be completed by Bldg. Dept): _____

PROJECT NAME: _____

Owner: _____ Phone No. () _____
email address: _____

Owner's Address: _____ Zip: _____

Contractor: _____ Phone No. () _____
email address: _____

Contractor's Address: _____ Zip: _____

PROPERTY DESCRIPTION

Sidwell No: _____ Address: _____

Lot No: _____ Subdivision: _____

ASSESSOR: (*Forward to Engineering Dept*)
Does Sidwell Number Match Lot # and Address? Yes No
Does Parcel Require Approved Split? Yes No

Remarks: _____

Signed: _____ Date: _____

ENGINEERING DEPT: (*Forward to Water Dept. in Treasurer's Office*)

Soil Erosion Permit Not Required Approved, Permit # _____

Right of way Permit Not Required Approved, Permit # _____

Signed: _____ Date: _____

WATER & SEWER DEPARTMENT: (stamp date paid in box below, sign & forward to Bldg. Dept.)

Residential:

Signed: _____.

Commercial:

Signed: _____.

Prior to issuance of a Building Permit, it must be ascertained that: (1) the property is properly recorded in the Office of the Assessor and all property splits are in compliance with the Zoning Ordinances 75-18; (2) if provisions of Ordinance 70-19 have been complied with and the proper permits obtained; and (3) if proper permits have been obtained for connection to the water and sewer system – Ordinances 37 and 71-28, as amended.

If you checked any of the boxes numbered 2 thru 6 under Section III., A. Type of Improvement and Plan Review, then this Attachment A needs to be filled out.

ATTACHMENT A

INFORMATION FOR WATER DEPT TO DETERMINE IMPACT ON EXISTING REUs & RELATED WATER & SEWER FEES

**Applicant: To expedite issuance of Bldg. Permit, please submit this page (Attachment A) immediately to Community Development Dept. at: City of Novi
Attn: Community Development Dept.
45175 W. Ten Mile Rd.
Novi, MI 48375**

For questions regarding Attachment A call: 248-347-0498

A. CONTACT INFORMATION - PLEASE TYPE, OR PRINT CLEARLY

Project Name:

Project Address:

Contact Name:

Contact's Phone #

Contact's email address:

B. Check and give details on all that apply:

Addition – List Details (type of use, square footage, etc.)

Change Of Use or Occupant – List Details (type of use)

Alteration – List Details (reason for alteration, what's changing)

Demolition – List Details (is building on public water or public sewer?)

Relocation of Structure – List Details