

**Building Inspection Fee: \$50.00 per**

Authority: 1972 PA 230  
 Completion: Mandatory to obtain permit  
 Penalty: Permit cannot be issued

Applicant to Complete All Items in Sections I, II, III, IV V and VI

Note: Separate Applications Must be Completed for Plumbing, Mechanical and Electrical Work Permits

<b>I. Project Information</b>			
PROJECT NAME		ADDRESS	
NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH JOB IS LOCATED		COUNTY	ZIP CODE
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township OF:			
BETWEEN		AND	
<b>II. Identification</b>			
A. Owner or Lessee			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (include Area Code)
B. Architect or Engineer			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (include Area Code)
LICENSE NUMBER			EXPIRATION DATE
C. Contractor			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (include Area Code)
BUILDERS LICENSE NUMBER			EXPIRATION DATE
FEDERAL EMPLOYER ID NUMBER (or reason for exemption)			
WORKERS COMP INSURANCE CARRIER (or reason for exemption)			
UTA NUMBER (or reason for exemption)			
<b>III. Type of Improvement and Plan Review</b>			
<b>A. Type of Improvement</b>			
1. NEW BUILDING	<input type="checkbox"/> 3. ALTERATION	<input type="checkbox"/> 5. DEMOLITION	<input type="checkbox"/> 7. FOUNDATION ONLY
2. ADDITION	<input type="checkbox"/> 4. REPAIR	<input type="checkbox"/> 6. MOBILE HOME SET-UP	<input type="checkbox"/> 8. PREMANUFACTURE
			<input type="checkbox"/> 9. RELOCATION
			<input type="checkbox"/> 10. SPECIAL INSPECTION
<b>B. Plan Review Required</b>			
Plans must be submitted with an Application for Plan Examination and the appropriate fee before a permit can be issued, except as listed below.			
Plans are not required for alterations and repair work determined by the building official to be of a minor nature.			
Plans and specifications are required for all other building types and shall be prepared by or under the direct supervision of an architect or engineer licensed pursuant to 1980 PA 299 and shall bear that architect's or engineer's seal and signature.			



**IV. Proposed Use of Building**

**A. Residential**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> 1. ONE FAMILY                               | <input type="checkbox"/> 3. HOTEL, MOTEL<br>NO. OF UNITS _____ | <input type="checkbox"/> 5. DETACHED GARAGE |
| <input type="checkbox"/> 2. TWO OR MORE FAMILY<br>NO. OF UNITS _____ | <input type="checkbox"/> 4. ATTACHED GARAGE                    | <input type="checkbox"/> 6. OTHER _____     |

**B. Non-Residential**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> 7. AMUSEMENT        | <input type="checkbox"/> 11. SERVICE STATION            | <input type="checkbox"/> 15. SCHOOL, LIBRARY, EDUCATIONAL |
| <input type="checkbox"/> 8. CHURCH, RELIGION | <input type="checkbox"/> 12. HOSPITAL, INSTITUTIONAL    | <input type="checkbox"/> 16. STORE, MERCANTILE            |
| <input type="checkbox"/> 9. INDUSTRIAL       | <input type="checkbox"/> 13. OFFICE, BANK, PROFESSIONAL | <input type="checkbox"/> 17. TANKS, TOWERS                |
| <input type="checkbox"/> 10. PARKING GARAGE  | <input type="checkbox"/> 14. PUBLIC UTILITY             | <input type="checkbox"/> 18. OTHER _____                  |

NON-RESIDENTIAL - 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. MASONRY, WALL BEARING     2. WOOD FRAME     3. STRUCTURAL STEEL     4. REINFORCED CONCRETE     5. OTHER \_\_\_\_\_

**B. Principal Type of Heating Fuel**

6. GAS     7. OIL     8. ELECTRICITY     9. COAL     10. OTHER \_\_\_\_\_

**C. Type of Sewage Disposal**

11. PUBLIC OR PRIVATE COMPANY     12. SEPTIC SYSTEM

**D. Type of Water Supply**

13. PUBLIC OR PRIVATE COMPANY     14. PRIVATE WELL OR CISTERN

**E. Type of Mechanical**

15. WILL THERE BE AIR CONDITIONING?  YES  NO    16. WILL THERE BE FIRE SUPPRESSION?  YES  NO

**F. Dimensions / Data**

17. NUMBER OF STORIES _____	21. FLOOR AREA:	EXISTING	ALTERATIONS	NEW
18. USE GROUP _____	BASEMENT	_____	_____	_____
19. CONSTRUCTION TYPE _____	1ST & 2ND FLOOR	_____	_____	_____
20. NO. OF OCCUPANTS _____	3RD - 10TH FLOOR	_____	_____	_____
	11TH - ABOVE	_____	_____	_____
	TOTAL AREA	_____	_____	_____

**G. Number of Off Street Parking Spaces**

22. ENCLOSED \_\_\_\_\_    23. OUTDOORS \_\_\_\_\_