CITY OF PONTIAC

DEPARTMENT OF BUILDING & SAFETY
47450 Woodward Avenue
Pontiac Michigan 48342
248-758-2800/FAX 248-758-2827

APPLICATION FOR TEAM INSPECTION

The Building & Safety Department will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap, or political beliefs.

NOTE: APPLICANT MUST COMPLETE ALL ITEMS IN SECTION I, II, III.

FEES:

Full Team Inspection - $350.00 (maximum)
Occupancy under 301 SF (with new business license application) – no charge
For each add. 100 square feet or portion thereof over 300 SF - $50.00
"Turn-key Business" – no charge

I. PROPERTY INFORMATION			
Legal Description	Sidwell Number		
Project Name		Address	
City **PONTIAC**	State **MICHIGAN**	County **OAKLAND**	Zip Code
Between		And	

II. IDENTIFICATION			
A. OWNER OR AGENT			
Name		Address	
City	State	Zip Code	Telephone Number
B. REQUESTOR INFORMATION			
Name		Address	
City	State	Zip Code	Telephone Number

PROPOSED USE AND OCCUPANCY OF BUILDING

_____ **RESIDENTIAL** _____ **COMMERCIAL**

IS THIS PROPERTY TO BE USED AS A BOARDING/ROOMING HOUSE OR TRANSITIONAL FACILITY?

____ **YES** ____ **NO**

A. TYPE OF INSPECTION

1. ____ CONDEMNATION 2. ____ FHA/VA SALE 3. ____ SPECIAL REPORT 4. ____ RE-OCCUPANCY

6. ____ HOME BUYER ASSISTANCE 7. ____ CHANGE OF USE 8. _____ TRANSFER OF TEAM $50.00

B. INSPECTORS TO PERFORM TEAM

____ Building ____ Electrical ____Mechanical _____ Plumbing ____ Zoning _____ Business License ____ Fire Marshal

III. EXISTING USE OF BUILDING

A. RESIDENTIAL

1. ____ One Family 2. ____ Two Or More Family (No. of Units) _____ 3. ____ Hotel, Motel (No. of Units) _____

4. ____ Attached Garage 5. ____ Detached Garage 6. ____ Other _____

B. NON-RESIDENTIAL

7. ____ Amusement 8. ____ Church, Religion 9. ____ Industrial 10. ____ Parking Garage

11. ____ Service Station 12. ____ Hospital, Institutional 13. ____ Office, Bank, Professional 14. ____ Public Utility

15. ____ School, Library, Educational 16. ____ Store, Mercantile 17. ____ Tanks, Towers 18. ____ Other _____

DESCRIPTION -DESCRIBE IN DETAIL PROPOSED USE OF BUILDING.

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

Name		Telephone Number	
Address	City	State	Zip Code

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.

SIGNATURE OF APPLICANT

DATE

FOR OFFICE USE ONLY

Received by	**Date**
Payment Amount	**Check or Money Order #**