

**CITY OF PONTIAC**  
**DPW&U/COMMUNITY DEVELOPMENT DIVISION**  
 OFFICE OF Building & Safety Engineering  
 55 Wessen  
 Pontiac Michigan 48341  
 248-758-2800/FAX 248-758-2827

**APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION**

Authority: P.A. 230 Of 1972, As Amended Completion: Mandatory to Obtain Permit Penalty: \$200.00 If Work Started Without Permit	The Building & Safety Engineering Division will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap, or political beliefs.
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**APPLICANT MUST 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.**

<b>I. PROJECT INFORMATION</b>				
Legal Description	Sidwell Number	Permit Number		
Project Name		Address		
<b>City</b> PONTIAC	<b>State</b> MICHIGAN	<b>County</b> OAKLAND	Zip Code	
Between		And		
<b>II. IDENTIFICATION</b>				
<b>A. OWNER OR LESSEE</b>				
Name		Address		
City	State	Zip Code	Telephone Number	
<b>B. ARCHITECT OR ENGINEER</b>				
Name		Address		
City	State	Zip Code	Telephone Number	
License Number		Expiration Date		
<b>C. CONTRACTOR</b>				
Name		Address		
City	State	Zip Code	Telephone Number	
Builders License Number		Expiration Date		
Federal Employer ID Number or Reason For Exemption		Workers Comp Insurance Carrier or Reason For Exemption		
MESC Employer Number or Reason For Exemption				
<b>III. TYPE OF IMPROVEMENT AND PLAN REVIEW</b>				
<b>A. TYPE OF IMPROVEMENT</b>				
1. ___ New Building	2. ___ Addition	3. ___ Alteration	4. ___ Repair	
5. ___ Demolition	7. ___ Foundation Only		9. ___ Relocation	
6. ___ Mobil Home Set-Up	8. ___ Premanufacture		10. ___ Special Inspection	
<b>B. REVIEW (S) TO BE PERFORMED</b>				
___ Building	___ Electrical	___ Mechanical	___ Plumbing	___ Foundation



**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
Federal I.D. Number/Social Security Number			

I HEREBY CERTIFY THAT THE OWNER OF RECORD AUTHORIZES THE PROPOSED WORK 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 23 a 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. Violations of section 23a are subjected to civil fines.

**SIGNATURE OF APPLICANT**

Plan Review Fee Enclosed \$ _____	Applicant's estimated value \$ _____
Building Permit Fee Enclosed \$ _____	Estimated time for completion _____

**VII. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION**

**ENVIRONMENTAL CONTROL APPROVALS**

Plans are enclosed with this application	REQUIRED?	APPROVED	DATE	NUMBER	BY
<b>A - ZONING</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>B - FIRE DISTRICT</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>C - POLLUTION CONTROL</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>D - NOISE CONTROL</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>E - SOIL EROSION</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>F - FLOOD ZONE</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>G - WATER SUPPLY</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>H - SEPTIC SYSTEM</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>I - VARIANCE GRANTED</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>J - HISTORIC DISTRICT</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>K - OTHER</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				

**VIII. VALIDATION - FOR DEPARTMENT USE ONLY**

Use Group _____	Height of Building _____	Size of Building _____
Square Feet _____	Type of Construction _____	Zoning _____
Base Fee _____	Number of Inspections _____	

**Approval Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

