

BUILDING PERMIT APPLICATION

Revised 08-05-22



Pittsfield Charter Township Department of Building Services

6201 W. Michigan Avenue, Ann Arbor, MI 48108
Phone: (734) 822-3125 Fax: (734) 944-1103
Website: www.pittsfield-mi.gov

I. JOB LOCATION

Separate applications must be completed for Electrical, Mechanical & Plumbing

Street Address & Street Name Suite # City Zip Code Lot #

Business Name (Current/Future Occupant) Property ID # Subdivision/Complex

Is the property within a floodplain: Yes No

II. PROPERTY OWNER INFORMATION (OR LESSEE)

Property Owner Name Address (Street # & Name, City, State & Zip)

Phone Number Fax Number Email Address

III. APPLICANT INFORMATION

HOMEOWNER CONTRACTOR ARCHITECT/ENGINEER AGENT

Applicant Name (Company Name) Contact Person Email Address

Address (Street # & Name, City, State & Zip)

Phone Number Fax Number State License Number Expiration Date

Federal Employer ID # (or reason for exemption) MESC Employer # (or reason for exemption)

Worker's Compensation Insurance Carrier (or reason for exemption)

IV. ARCHITECT/ENGINEER INFORMATION

Company Name Contact Person Email Address

Address (Street # & Name, City, State & Zip)

Phone Number Fax Number State License Number Expiration Date

V. DESCRIPTION OF PROJECT

Provide a description of the work to be covered by the permit. (Example: New Residential Dwelling (4 Bedrooms, 2.5 Bath, Unfinished Basement); Interior remodel for new tenant; 12' x 20' composite deck)

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VI. PLAN REVIEW REQUIREMENTS

Plans must be submitted with this application before a permit can be issued/released.

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.

VII. TYPE OF IMPROVEMENT & COST OF CONSTRUCTION

Type of Improvement:

*Cost of Construction: _____

- Addition
 Alteration
 Deck
 Demolition
 Foundation Only
 Mobile Home
 New Building
 PreManufacture
 Relocation
 Remodel
 Repair
 Other: _____

VIII. PROPOSED USE OF BUILDING

Residential

Non-Residential

- Amusement
 Church
 Detached Garage
 Hotel/Motel (No. of Units) _____
 Hospital
 Industrial
 Mercantile
 Office
 Pole Barn/Shed
 Public Utility
 School/Library
 Service Station
 Single-Family
 2 or more family (No. of Units) _____
 Other: _____

Previous Use of Building (i.e. Dental Office, Bank) _____

Proposed Use of Building _____

IX. CHARACTERISTICS OF BUILDING

A. Principal Type of Frame

- Wood
 Reinforced Concrete
 Masonry
 Structural Steel
 Other: _____

B. Principal Type of Heating Fuel

- Natural Gas
 Propane
 Oil
 Electricity
 Other: _____

C. Type of Mechanical

- Air Conditioning
 Yes
 No
 Fire Suppression
 Yes
 No

D. Type of Water Supply & Sewage Disposal

- Public Water
 Public Sewer
 Private Well
 Septic System

E. Dimension/Data

Floor Area	Existing	Alteration	New	Number of Stories _____	Use Group _____
Basement	_____	_____	_____	Construction Type _____	Occupant Load _____
1st Floor	_____	_____	_____		
2nd Floor	_____	_____	_____		
Garage	_____	_____	_____		
Porch	_____	_____	_____		

X. SIGNATURE

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.

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

Signature of Applicant _____

Printed Name (of Applicant) _____

Date _____

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REVIEW TYPE	REQUIRED	RECEIVED	APPROVED	BY	DATE
Zoning Approval - Planning	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Site Plan Review - Planning	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Variance/ZBA - Planning	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Tax Parcel # - Assessing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Address Application - Planning	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Driveway Permit - Fire Dept.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Driveway Permit - WCRC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Utility Connection Charges	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Soil Erosion Permit - Township	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Well Permit - County	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Septic Permit - County	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Construction Prints	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Wetland Permit - Planning	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Health Dept. Permit/Approval	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

VALIDATION & APPROVAL

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Use Group _____ Est. Construction Value _____ Edition of Code _____

Required Inspections: _____

Approval Signature _____ Date _____

Comments: _____
