



BUILDING PERMIT APPLICATION

CITY OF MADISON HEIGHTS
COMMUNITY DEVELOPMENT DEPARTMENT
300 WEST THIRTEEN MILE ROAD
MADISON HEIGHTS, MI 48071
(248) 583-0831 FAX (248) 588-4143
www.madison-heights.org

PERMIT # _____
ISSUED BY: _____

JOB LOCATION

STREET ADDRESS: _____
PROPERTY TAX ID # 44 - 25 - - - ZONING: _____

PROPERTY OWNER

NAME: _____
ADDRESS: _____ PHONE # _____
DRIVERS LICENSE NUMBER: _____ D.O.B. _____

APPLICANT INFORMATION

INDICATE WHO THE APPLICANT IS: CONTRACTOR HOME OWNER ARCHITECT
NAME OF APPLICANT: _____
DRIVERS LICENSE NUMBER: _____ D.O.B. _____
ADDRESS: (STREET NO. & NAME) _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE (INCLUDE AREA CODE) _____ CELL PHONE (INCLUDE AREA CODE) _____
FAX (INCLUDE AREA CODE) _____
EMAIL ADDRESS: _____ (REQUIRED TO RECEIVE NOTICE OF REPAIR)
STATE LICENSE NUMBER _____ EXPIRATION DATE: _____
NAME OF LIABILITY INSURANCE COMPANY: _____
MESC # _____ FEDERAL ID # _____

TYPE OF JOB

NEW CONSTRUCTION ADDITION DEMOLITION FOUNDATION ONLY GARAGE ALTERATION REPAIR

TYPE OF STRUCTURE

RESIDENTIAL - SINGLE FAMILY RESIDENTIAL - MULTI FAMILY NO. OF UNITS _____ GARAGE
 COMMERCIAL INDUSTRIAL OTHER

SCOPE OF PROJECT

STRIP AND RE-ROOF PORCH SIDING/TRIM GUTTERS ADDITION/DORMER
 RE-ROOF ONLY (2 LAYERS MAX) DUMPSTER ENCLOSURE ABOVE GROUND POOL DECK
 WINDOWS - # _____ OTHER _____

DESCRIPTION OF WORK BEING PERFORMED

DRAWING SUBMITTED: YES NO DRAWINGS REQUIRED: YES NO

ALL OTHER CONSTRUCTION: COMMERCIAL/ INDUSTRIAL/ MULTI FAMILY

CONSTRUCTION COST: \$ _____ (INCLUDE ALL COSTS EXCEPT FIXTURES AND SITE IMPROVEMENTS)
SQUARE FOOTAGE: _____ (TOTAL AREA USING OUTSIDE DIMENSIONS)
MBC USE GROUP(S) _____ MBC CONSTRUCTION TYPE _____
SPRINKLER SYSTEM TYPE: _____ MEZZANINE: YES NO IF YES, AREA IS _____
SPECIFIC USE (S) OF STRUCTURE: _____
OF FIRE AREAS: _____
HAS KNOX BOX BEEN ORDERED? YES NO IS SPECIAL INSPECTION LIST ATTACHED? YES NO

RESIDENTIAL CONSTRUCTION: NEW/REMODEL/ADDITIONS

CONSTRUCTION COST: \$ _____ (INCLUDE ALL COSTS INCLUDING DRIVEWAYS ETC BUT NO LAND VALUE)
SQ FOOTAGE: _____ (INCLUDE ALL HABITABLE AREA ON ALL FLOORS INCLUDING FINISHED BASEMENT AND BONUS ROOMS)
BEDROOMS: _____ # BATHROOMS: FULL _____ HALF _____ # STORIES: _____
WATER/SEWER UTILITIES: NEW EXISTING
FINISH FLOOR ELEVATION: _____ FINISH GRADE ELEVATION: _____

ALL SUBMISSIONS MUST INCLUDE TWO (2) COPIES OF THE CONSTRUCTION DOCUMENTS. ONE (1) COPY MUST BE A FULL SIZE COPY (24 X 36 MAXIMUM) TO SCALE AND THE OTHER MUST BE NO LARGER THAN 11 X 17 INCHES. ALL REDUCED COPIES MUST BE FULLY LEGIBLE. REVERSED TEXT DRAWINGS WILL NOT BE ACCEPTED.

- Construction documents, including site plans, shall be of sufficient clarity to indicate location, nature and extent of the proposed work and show in DETAIL that it will conform to the provisions of the code and local ordinances.
- Construction shall not commence until a building permit has been issued.
- Applications must be accompanied by a signed owner contract and/or scope of work.

APPLICANT SIGNATURE

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 subject to civil fines.

PERMITS ARE NOT TRANSFERABLE AS TO PERSON AND ARE NOT REFUNDABLE. ISSUANCE OF A PERMIT DOES NOT GUARANTEE COMPLIANCE WITH ANY BUILDING OR OTHER CODE. HOMEOWNERS MUST COMPLETE WORK THEMSELVES OR HIRE A LICENSED CONTRACTOR. COMPLETED WORK MUST BE INSPECTED IMMEDIATELY. THE APPLICANT SHALL BE RESPONSIBLE FOR OBTAINING PERMITS, INSPECTIONS AND PAYMENT OF FEES. WORK **CANNOT** BEGIN UNTIL A PERMIT IS ISSUED.

APPLICANT SIGNATURE: I HAVE READ AND UNDERSTAND THE CONDITIONS LISTED ABOVE.

_____ DATE _____
APPLICANT'S SIGNATURE

COMMENTS: _____
_____ DATE: _____
APPROVED BY: _____