



ANN ARBOR
Charter Township

APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

ANN ARBOR CHARTER TOWNSHIP

3792 Pontiac Trail

Ann Arbor, MI 48105

PH: (734) 663-3418 FAX: (734) 663-6678 *Inspections call-in line: (734) 663-3418*

www.aatwp.org

Permit no. _____

AUTHORITY: P.A. 230 of 1972, AS AMENDED
COMPLETION: MANDATORY TO OBTAIN PERMIT

APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, V, VI, VII AND VIII

NOTE: SEPARATE APPLICATIONS MUST BE MADE FOR: PLUMBING, MECHANICAL AND ELECTRICAL PERMITS

I. LOCATION OF BUILDING

ADDRESS	PROPERTY ID NUMBER
DIRECTIONS TO SITE	Is this property in a FLOOD ZONE/PLAIN?

II. IDENTIFICATION

A. OWNER OR LESSEE

NAME	DAYTIME TELEPHONE NUMBER		
ADDRESS	CITY	STATE	ZIP CODE
FAX #	EMAIL		

B. ARCHITECT OR ENGINEER

NAME	DAYTIME TELEPHONE NUMBER		
ADDRESS	CITY	STATE	ZIP CODE
LICENSE NUMBER & EXPIRATION DATE	FAX #	EMAIL	

C. CONTRACTOR (If Not Registered with Ann Arbor Township Complete Sections 1-5.)

NAME	EMAIL			
ADDRESS	1) STATE LICENSE NUMBER		2) EXPIRATION DATE	
CITY	STATE	ZIP CODE	3) FEDERAL EMPLOYER ID (OR REASON FOR EXEMPTION)	
TELEPHONE NUMBER	4) MESC NUMBER (OR REASON FOR EXEMPTION)		5) WORKERS COMP CARRIER (OR REASON FOR EXEMPTION)	

III. TYPE OF IMPROVEMENT AND PLAN REVIEW

A. TYPE OF IMPROVEMENT

1. <input type="checkbox"/> NEW BUILDING	4. <input type="checkbox"/> REPAIR / REPLACE	7. <input type="checkbox"/> POLE BARN with	8. <input type="checkbox"/> RELOCATON	11. <input type="checkbox"/> OTHER
2. <input type="checkbox"/> ADDITION	5. <input type="checkbox"/> DEMOLITION	7A. <input type="checkbox"/> GRAVEL FLOOR	9. <input type="checkbox"/> SWIMMING POOL	
3. <input type="checkbox"/> ALTERATION	6. <input type="checkbox"/> FOUNDATION ONLY	7B. <input type="checkbox"/> CONCRETE FLOOR	10. <input type="checkbox"/> DECK	

B. REVIEW(S) TO BE PERFORMED

<input type="checkbox"/> BUILDING	<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> PLUMBING	<input type="checkbox"/> FIRE PROTECTION	<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> ENERGY
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IV. PROPOSED USE OF BUILDING

PROPOSED USE — RESIDENTIAL

- | | |
|---|--|
| <input type="checkbox"/> Single Family | <input type="checkbox"/> Wood Burning Stove |
| <input type="checkbox"/> Two Family | <input type="checkbox"/> Masonry Fireplace |
| <input type="checkbox"/> Multi-Family (Number of Units _____) | <input type="checkbox"/> Gas Log <input type="checkbox"/> Wood Burning |
| <input type="checkbox"/> Attached Garage | <input type="checkbox"/> Pre-Fab Fireplace |
| <input type="checkbox"/> Detached Garage | <input type="checkbox"/> Gas Log <input type="checkbox"/> Wood Burning |
| <input type="checkbox"/> Finished Basement | <input type="checkbox"/> Deck |
| <input type="checkbox"/> Unfinished Basement | <input type="checkbox"/> Modular Home |
| <input type="checkbox"/> Walkout Basement | <input type="checkbox"/> Mobile Home |
| <input type="checkbox"/> Crawl Space | <input type="checkbox"/> Occupied <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Number of New Bedrooms _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Number of New Bathrooms _____ | <input type="checkbox"/> _____ |

PROPOSED USE — NON-RESIDENTIAL

- | | |
|--|-----------------------------|
| <input type="checkbox"/> Assembly | _____ |
| <input type="checkbox"/> Business | _____ |
| <input type="checkbox"/> Factory | Use Group |
| <input type="checkbox"/> Hazardous | _____ |
| <input type="checkbox"/> Institutional | _____ |
| <input type="checkbox"/> Mercantile | _____ |
| <input type="checkbox"/> Storage | _____ |
| <input type="checkbox"/> Food Service | Construction Classification |
| <input type="checkbox"/> Hazardous material to be stored on site | _____ |
| <input type="checkbox"/> Utility or Miscellaneous | _____ |
| | Occupancy Load |

Is there a fireplace in a bedroom: Yes No

DESCRIBE PROJECT IN DETAIL: _____

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

6. GAS LP. NATURAL 7. OIL 8. ELECTRICITY 9. GEO THERMAL 10. OTHER

C. TYPE OF SEWAGE DISPOSAL

11. PUBLIC 12. SEPTIC SYSTEM

D. TYPE OF WATER SUPPLY

13. PUBLIC 14. PRIVATE WELL OR CISTERN

E. TYPE OF MECHANICAL

15. WILL THERE BE AIR CONDITIONING? Yes No 16. WILL THERE BE AN ELEVATOR Yes No

F. DIMENSIONS

17. NUMBER OF STORIES _____	18. FLOOR AREA: BASEMENT _____
	(as applicable)
	1ST FLOOR _____
COST OF CONSTRUCTION _____	2NDFLOOR _____
	OTHER FLOOR _____
	TOTAL AREA _____
	OVERALL DIMENSIONS _____

G. NUMBER OF OFF STREET PARKING SPACES (COMMERCIAL CONSTRUCTION)

19. ENCLOSED _____ 20. OUTDOORS _____

VI. SOIL EROSION

- YES** **NO** Are you disturbing more than 225 sq ft?
 YES **NO** Are you building within 500 ft. of **surface water**?
(definition of **surface water** — ponds, lakes, streams, rivers, wetlands, detention/retention areas, drainage ditches or catch basins)

If **YES** to **ABOVE** **SESC Permit** is required before a building permit can be issued.

- YES** **NO** Is project located in **residential development**?
(definition of **residential development** — subdivisions, site condominium, and lot splits of three or more)
 YES **NO** Is this a non-residential or multi-family project?

VII. ENVIRONMENTAL HEALTH ISSUES

- YES** **NO** Is the proposed project occurring on a parcel that is less than 2.0 acres in size?
 YES **NO** Does the proposed project involve the addition of any bedroom, bathrooms or additional plumbing?
 YES **NO** Does the proposed project involve changing 50% or more of the original floor plan?

Depending on the answers to these questions, you may need a site review of your septic system or an onsite well review by Washtenaw County Environmental Health.

VIII. APPLICANT INFORMATION

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

NAME		TELEPHONENO.	
ADDRESS	CITY	STATE	ZIPCODE

FEDERAL I.D. NUMBER / SOCIAL SECURITY NUMBER

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 AUTHORIZED AGENT. I/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, ACT NO. 230 OF THE PUBLIC ACTS OF 1972, BEING SECTION 125.1523A OF THE MICHIGAN COMPILED LAWS, 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 SUBJECT TO CIVIL FINES.

PRINTED NAME OF APPLICANT

SIGNATURE

DATE

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ADDITIONAL APPROVALS OR DOCUMENTS

	REQUIRED?	RECEIVED	DATE	NUMBER	BY
A - ZONING	<input type="checkbox"/> YES <input type="checkbox"/> NO				
B - 2 SITE PLANS	<input type="checkbox"/> YES <input type="checkbox"/> NO				
C – (2) SETS OF BUILDING PLANS	<input type="checkbox"/> YES <input type="checkbox"/> NO				
D – DRIVEWAY PERMIT	<input type="checkbox"/> YES <input type="checkbox"/> NO				
E – SOIL EROSION PERMIT/WAIVER	<input type="checkbox"/> YES <input type="checkbox"/> NO				
F – HEALTH PERMITS/WAIVER	<input type="checkbox"/> YES <input type="checkbox"/> NO				
G – LICENSE REGISTERED	<input type="checkbox"/> YES <input type="checkbox"/> NO				
H – AFFIDAVIT (HOMEOWNER)	<input type="checkbox"/> YES <input type="checkbox"/> NO				
I - OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO				

DESCRIPTION OF WORK

Plan Review Fee _____

Building Permit Fee _____

License Registration Fee _____

Certificate of Occupancy Fee _____

TOTAL FEE: _____

Use Group _____

Construction Classification _____

Occupancy Load _____

Zoning District _____

Approved By: _____

Building Dept. _____ Date _____

ADDITIONAL COMMENTS: