



**ANN ARBOR**  
Charter Township

# APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

## ANN ARBOR CHARTER TOWNSHIP

3792 Pontiac Trail  
Ann Arbor, MI 48105

Permit no. \_\_\_\_\_

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

[www.aatwp.org](http://www.aatwp.org)

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
NAME OF HOA / 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
-----------------------------------	-------------------------------------	-----------------------------------	--	-------------------------------------	---------------------------------

## IV. PROPOSED USE OF BUILDING

### PROPOSED USE — RESIDENTIAL

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

### PROPOSED USE — NON-RESIDENTIAL

- |   |  |
|---|--|
| <input type="checkbox"/> Assembly<br><input type="checkbox"/> Business<br><input type="checkbox"/> Factory<br><input type="checkbox"/> Hazardous<br><input type="checkbox"/> Institutional<br><input type="checkbox"/> Mercantile<br><input type="checkbox"/> Storage<br><input type="checkbox"/> Food Service<br><input type="checkbox"/> Hazardous material to be stored on site<br><input type="checkbox"/> Utility or Miscellaneous | <hr/> Use Group<br><hr/> Construction Classification<br><hr/> 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 _____<br><br>COST OF CONSTRUCTION _____ | 18. FLOOR AREA: BASEMENT _____<br>(as applicable)<br>1ST FLOOR _____<br>2NDFLOOR _____<br>OTHER FLOOR _____<br>TOTAL AREA _____<br><br>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

# FOR OFFICE USE ONLY — DO NOT WRITE ON THIS PAGE

## 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/HOA APPROVAL	<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:**