

CITY OF FLUSHING

APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Complete Both Sides of Application — Application is incomplete without a valid signature

AUTHORITY: P.A. 230 of 1972, AS AMENDED
 COMPLETION: MANDATORY TO OBTAIN PERMIT
 PENALTY: PERMIT WILL NOT BE ISSUED

THIS DEPARTMENT WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS.

APPLICANT TO COMPLETE ALL ITEMS IN SECTIONS. ELECTRICAL, MECHANICAL AND PLUMBING, MECHANICAL PERMITTED SEPARATELY
 Contact the Building Department for City of Flushing, Regional Inspection, for inspections at 989 725 5050; 810 496 0369 or 517 588 4523.

LOCATION OF BUILDING					RI-0001-2010
STREET LOCATION _____			Zoning District _____		
CITY _____	STATE _____	ZIP _____	OWNERSHIP: <input type="checkbox"/> Private <input type="checkbox"/> Public		
between _____		and _____			
SUBDIVISION _____	LOT _____	BLOCK _____	LOT SIZE _____	PARCEL NO _____	

TYPE OF IMPROVEMENT	RESIDENTIAL PROPOSED USE	NON-RESIDENTIAL PROPOSED USE
<input type="checkbox"/> NEW BUILDING <input type="checkbox"/> ALTERATION <input type="checkbox"/> DEMOLITION <input type="checkbox"/> FOUNDATION ONLY <input type="checkbox"/> MOBILE HOME SET-UP <input type="checkbox"/> PRE-MANUFACTURE <input type="checkbox"/> SPECIAL INSPECTION <input type="checkbox"/> RELOCATION <input type="checkbox"/> ADDITION <input type="checkbox"/> REPAIR	<input type="checkbox"/> ONE FAMILY <input type="checkbox"/> TWO OR MORE FAMILY _____ NO OF UNITS <input type="checkbox"/> HOTEL, MOTEL _____ NO OF UNITS <input type="checkbox"/> ADDITION <input type="checkbox"/> POOL <input type="checkbox"/> ATTACHED/DETACHED GARAGE <input type="checkbox"/> DECK <input type="checkbox"/> STORAGE SHED <input type="checkbox"/> POLE BARN	<input type="checkbox"/> AMUSEMENT <input type="checkbox"/> CHURCH, RELIGION <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> PARKING GARAGE <input type="checkbox"/> SERVICE STATION <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL <input type="checkbox"/> OTHER _____
		<input type="checkbox"/> LIBRARY <input type="checkbox"/> STORE, MERCANTILE <input type="checkbox"/> TANKS, TOWERS <input type="checkbox"/> PUBLIC UTILITY <input type="checkbox"/> HOSPITAL/INSTITUTE

NONRESIDENTIAL DESCRIBE IN DETAIL PROPOSED USE OF BUILDING, E.G. FOOD PROCESSING PLANT, MACHINE SHOP, LAUNDRY BUILDING AT HOSPITAL, PARKING GARAGE FOR DEPARTMENT STORE, RENTAL OFFICE BUILDING, OFFICE BUILDING AT INDUSTRIAL PLANT. IF USE OF EXISTING BUILDING IS BEING CHANGED, ENTER PROPOSED USE.

CHARACTERISTICS OF BUILDING		
PRINCIPAL TYPE OF FRAMING <input type="checkbox"/> Masonry (wall bearing) <input type="checkbox"/> Wood frame <input type="checkbox"/> Structural steel <input type="checkbox"/> Reinforced concrete <input type="checkbox"/> Other _____	TYPE OF SEWAGE DISPOSAL <input type="checkbox"/> Public or private company <input type="checkbox"/> Private (on-site septic)	DIMENSIONS No. of Stories _____ Total square feet of floor area of all floors _____ Total land area, sq. ft./acres _____
PRINCIPAL TYPE OF HEATING FUEL <input type="checkbox"/> Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Other _____	TYPE OF WATER SUPPLY <input type="checkbox"/> Public or private company <input type="checkbox"/> Private (on-site septic)	NUMBER OF OFF-STREET PARKING SPACES Enclosed _____ Outdoors _____
<input type="checkbox"/> Oil <input type="checkbox"/> Coal	TYPE OF MECHANICAL Will there be central air? <input type="checkbox"/> Yes <input type="checkbox"/> No Will there be an elevator? <input type="checkbox"/> Yes <input type="checkbox"/> No	RESIDENTIAL BUILDINGS ONLY Number of bedrooms _____ Number of full bathrooms _____ Number of partial bathrooms _____

CALCULATION AND PERMIT FEE		
Type of Construction _____	Fee Basis _____	
Use Group _____	Construction Cost _____	
Square Feet _____	Construction Value _____	Permit Fee _____

Complete Both Sides of Application

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APPLICANT IS: (Please select one) OWNER OR LESSEE ARCHITECT OR ENGINEER CONTRACTOR
APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION

OWNER OR LESSEE

Name _____ Phone _____ Fax _____
Address _____ Cell _____
City _____ State _____ Zip _____ email _____

ARCHITECT OR ENGINEER — The Architect listed is the registered design professional in responsible charge as required by 106.3.4

Name _____ Phone _____ Fax _____
Address _____ Cell _____
City _____ State _____ Zip _____ email _____
License Number and Expiration Date _____

CONTRACTOR

Name _____ Phone _____ Fax _____
Address _____ Cell _____
City _____ State _____ Zip _____ email _____

Licensee Registration: Include copies of both individual and company builders license and copy of State approved ID such as driver's license
Federal Employer ID Number OR Reason for Exemption and Social _____
Workers Comp Insurance Carrier and Number or Reason for Exemption _____
MESC Employer Number or Reason for Exemption _____

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, GENESEE AND CITY OF FLUSHING. 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.

A permit shall become invalid if the authorized work is not commenced within six months after issuance of the permit or if the authorized work is suspended or abandoned for a period of six months after the time of commencing the work. A PERMIT WILL BE CANCELED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN SIX MONTHS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CANCELED PERMITS CANNOT BE REFUNDED OR REINSTATED.

SIGNATURE OF APPLICANT

DATE

STIPULATIONS/OTHER REQUISITES

APPROVAL

DATE

PERMIT FEES Make checks payable to **CITY OF FLUSHING**
SUBMIT TO Submit application, supporting documents and fees to
725 E Main Street, Flushing MI 48433

Contact **Regional Inspection LLC, Building Department** for City of Flushing, to schedule inspections or with questions 989 725 5050; 810 496 0369 or 517 588 4523