

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
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- | | | |
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| <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

- Masonry (wall bearing)
 Wood frame
 Structural steel
 Reinforced concrete
 Other _____

PRINCIPAL TYPE OF HEATING FUEL

- Gas Oil
 Electricity Coal
 Other _____

TYPE OF SEWAGE DISPOSAL

- Public or private company
 Private (on-site septic)

TYPE OF WATER SUPPLY

- Public or private company
 Private (on-site septic)

TYPE OF MECHANICAL

- Will there be central air?
 Yes No
 Will there be an elevator?
 Yes No

DIMENSIONS

No. of Stories _____
 Total square feet of floor area of all floors _____
 Total land area, sq. ft./acres _____

NUMBER OF OFF-STREET PARKING SPACES

Enclosed _____
 Outdoors _____

RESIDENTIAL BUILDINGS ONLY

Number of bedrooms _____
 Number of full bathrooms _____
 Number of partial bathrooms _____

VALUATION AND PERMIT FEE

Type of Construction _____	Fee Basis _____
Use Group _____	Construction Cost _____
Square Feet _____	Construction Value _____ Permit Fee _____

Complete Both Sides of Application

Complete Both Sides of Application

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

<hr/> Name	<hr/> Phone	<hr/> Fax
<hr/> Address	<hr/> Cell	<hr/>
<hr/> City State Zip	<hr/> email	<hr/>

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

<hr/> Name	<hr/> Phone	<hr/> Fax
<hr/> Address	<hr/> Cell	<hr/>
<hr/> City State Zip	<hr/> email	<hr/>
<hr/> License Number and Expiration Date		

CONTRACTOR

<hr/> Name	<hr/> Phone	<hr/> Fax
<hr/> Address	<hr/> Cell	<hr/>
<hr/> City State Zip	<hr/> email	<hr/>

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