

City of Bay City – Building Division
 301 Washington Avenue, Bay City, MI 48708
Inspections: 989-894-8162
 Fax Telephone: 989-894-8224

Permit Number _____
 Receipt Number _____
 Check Number _____
 BS&A Receipt _____
 Total Permit \$ _____

Building and Zoning Permit Application

Separate applications are required for Plumbing, Mechanical, and Electrical Permits

ADDRESS OF WORK:			
PROPERTY OWNER:		OWNER'S PHONE #	
OWNER ADDRESS	CITY	STATE	ZIP
OWNER E-MAIL ADDRESS			
CONTRACTOR NAME:		CONTRACTOR'S PHONE:	CELL # / PAGER
ADDRESS	CITY	STATE	ZIP
BUILDERS LICENSE NUMBER	EXPIRATION DATE	EMAIL ADDRESS:	
FEDERAL EMPLOYER ID (OR REASON FOR EXEMPTION)		MESC EMPLOYER NUMBER (OR REASON FOR EXEMPTION)	
CONTRACTOR E-MAIL ADDRESS			
WORKERS COMP INSURANCE CARRIER (OR REASON FOR EXEMPTION)			
ARCHITECT OR ENGINEER NAME			PHONE #
ADDRESS	CITY	STATE	ZIP
LICENSE NUMBER	EXPIRATION DATE	EMAIL ADDRESS:	

TYPE OF IMPROVEMENT AND PLAN REVIEW

<input type="checkbox"/> NEW BUILDING <input type="checkbox"/> MOBILE HOME	<input type="checkbox"/> ADDITION <input type="checkbox"/> ACCESSORY	<input type="checkbox"/> ALTERATION <input type="checkbox"/> FOUNDATION ONLY	<input type="checkbox"/> REPAIR <input type="checkbox"/> MOVING	<input type="checkbox"/> WRECKING <input type="checkbox"/> OTHER _____
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USE OF BUILDING

<input type="checkbox"/> ONE FAMILY (R3) <input type="checkbox"/> TWO FAMILY (R3) <input type="checkbox"/> MULTI FAMILY (R2) No. _____ <input type="checkbox"/> ATTACHED GARAGE (R3) <input type="checkbox"/> DETACHED GARAGE (U)	<input type="checkbox"/> MOTEL (R1) <input type="checkbox"/> STORAGE, WAREHOUSE (S1,2) <input type="checkbox"/> MERCANTILE, STORE (M) <input type="checkbox"/> INSTITUTIONAL (I1,2,3) <input type="checkbox"/> EDUCATIONAL (E)	<input type="checkbox"/> AMUSEMENT (A1,2,3,5) <input type="checkbox"/> CHURCH (A4) <input type="checkbox"/> FACTORY (F1,2) <input type="checkbox"/> OFFICE, BUSINESS (B) <input type="checkbox"/> OTHER _____
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VALUE OF CONSTRUCTION: \$ _____ (LABOR & MATERIALS)

DESCRIBE IN DETAIL THE WORK YOU ARE DOING. (FOR EXAMPLE: BUILDING A BEDROOM ADDITION AND TAKING OUT BEARING WALLS TO MAKE THE LIVING ROOM LARGER). YOU MAY ATTACH PLANS. DESCRIBE ANY NEW USE OF YOUR BUILDING.

TYPE OF CONSTRUCTION

<input type="checkbox"/> WOOD	<input type="checkbox"/> HEAVY TIMBER	<input type="checkbox"/> MASONRY, STEEL	<input type="checkbox"/> NON-COMBUSTIBLE TYPE 2	<input type="checkbox"/> NON-COMBUSTIBLE TYPE 1
NUMBER OF STORIES _____		FLOOR AREA (Sq.Ft.) 1 ST FLOOR _____		BASEMENT _____
		2 ND FLOOR _____		OTHER _____
		3 RD FLOOR _____		

APPLICANT INFORMATION

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL REQUIRED FEES AND CHARGES AND MUST PROVIDE THE FOLLOWING INFORMATION:

NAME:		PHONE:		
ADDRESS:		CITY:	STATE	ZIP
FEDERAL ID # OR DRIVER LICENSE #	E-MAIL ADDRESS		CELL PHONE /CONTACT 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, AND 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. I AGREE TO FOLLOW THE REQUIREMENTS OF THE LAWS, CODES AND ORDINANCES OF THE CITY OF BAY CITY. I UNDERSTAND AN INSPECTOR IS AUTHORIZED TO INSPECT MY CONSTRUCTION UNTIL WORK IS COMPLETED AND A CERTIFICATE OF OCCUPANCY IS ISSUED. I UNDERSTAND IT IS MY RESPONSIBILITY TO NOTIFY THE INSPECTOR WHEN MY CONSTRUCTION IS READY FOR INSPECTION.

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. VIOLATORS OF SECTION 23A ARE SUBJECT TO CIVIL FINES.

SIGNATURE OF APPLICANT:	DATE:
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THIS PAGE FOR CITY USE ONLY!

REQUIRED:	APPROVED BY:	
<input type="checkbox"/> FLOOD ZONE		
<input type="checkbox"/> ENGINEERING		
<input type="checkbox"/> SOIL EROSION		
<input type="checkbox"/> BFD VARIANCE		
<input type="checkbox"/> ZONING Room 409 or 413		ZONE: _____
<input type="checkbox"/> BUILDING PLAN REVIEW		
<input type="checkbox"/> ZONING PLAN REVIEW		SITE PLAN NO. _____
<input type="checkbox"/> ARCHITECTURAL REVIEW		
<input type="checkbox"/> ZONING APPEAL		APPEAL NO. _____
<input type="checkbox"/> BUILDING APPEAL		APPEAL NO. _____

SETBACKS:	SHOWN	NORTH:	EAST:	SOUTH:	WEST:
	REQUIRED	NORTH:	EAST:	SOUTH:	WEST:

COMMENTS OR NOTES					

APPROVED TO ISSUE BY:

CONDITIONS: