

<b>CITY OF DAVISON BUILDING and/or ZONING COMPLIANCE APPLICATION</b>	<b>BUILDING DEPARTMENT 200 E. Flint St. P.O. Box 130 Davison, MI. 48423 Phone: 810-653-2191 Fax: 810-653-9621 Web: <a href="http://www.cityofdavison.org">www.cityofdavison.org</a></b>	
Instructions: Applicants must complete all sections of this application. A site drawing showing the improvement is required. Additional construction plans may be required by the Building Official.		
Application Date:	Project Name:	Is Owner Applicant (Check One)
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Permits for Electrical, Mechanical, and Plumbing must be obtained through the State of Michigan. Application for these permits are available at City Hall.		

**1. PROPERTY INFORMATION** (Location where work is being completed)

Street Address:	Legal Description/PID Number:
Zoning:	Parcel Type (Check Type Below)
	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other

**2. OWNERS INFORMATION**

Owner's Name:	Owners Address:	Phone:
City:	State:	Zip Code:

**3. CONTRACTORS - ARCHITECT OR ENGINEER INFORMATION**

Business Name:	State License No.	Phone:
Owners Name:	Federal Employer ID No.	
Address:	City:	State:    Zip Code:
Workers Comp Insurance Carrier:	MESC Employer Number:	
Architect/Engineer of Project:	State License No.	Phone:
Address:	City:	State:    Zip Code:

**4. CERTIFICATION**

I hereby certify that I am the owner of record of the property mentioned in Section 1, or 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 or her authorized agent and I agree to conform to all applicable codes and laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Building Official and or the Officials authorized representative shall have the authority to enter any area covered by such permit at any reasonable hour to enforce the provisions of the codes applicable to such permit. All information submitted on this application is accurate to the best of my knowledge.		
Signature of Applicant:	Phone:	
Responsible Person in Charge of Work:	Title:	Phone:

## 5. BUILDING PERMIT INFORMATION

<b>TYPE OF IMPROVEMENT (Check One)</b>					New Building	<input type="checkbox"/>	Addition	<input type="checkbox"/>	
Alteration	<input type="checkbox"/>	Repair	<input type="checkbox"/>	Demolition	<input type="checkbox"/>	Mobile Home Set-up	<input type="checkbox"/>	Foundation Only	<input type="checkbox"/>
Relocation	<input type="checkbox"/>	Pre-manufacture	<input type="checkbox"/>	Fence	<input type="checkbox"/>	Signage	<input type="checkbox"/>	Other	<input type="checkbox"/>
Provide Brief Description of Activity:									
<b>PROPOSED USE - RESIDENTIAL (Check One)</b>			Single Family	<input type="checkbox"/>	Two Family	<input type="checkbox"/>			
Multiple Family	<input type="checkbox"/>	Hotel, Motel - # of Units _____	<input type="checkbox"/>	Prefab Housing	<input type="checkbox"/>				
Accessory Structures	<input type="checkbox"/>	Other _____	<input type="checkbox"/>						
<b>PROPOSED USE - NON-RESIDENTIAL (Check One)</b>					Store, Mercantile	<input type="checkbox"/>			
Office, Bank, Professional	<input type="checkbox"/>	Church, Religion	<input type="checkbox"/>	Industrial/Factory	<input type="checkbox"/>				
Educational, School, Library	<input type="checkbox"/>	Hospital, Institutional	<input type="checkbox"/>	Service Station	<input type="checkbox"/>				
Parking Garage	<input type="checkbox"/>	Public Utility - Parking Lots	<input type="checkbox"/>	Tanks, Towers	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Other _____	<input type="checkbox"/>				
For Non-Residential uses, described in detail the proposed use of the building. If the use of an existing building is being changed describe proposed change.									
<b>PROPOSED BUILDING CHARACTERISTICS (Check One)</b>									
<b>FRAMING</b>	Concrete	<input type="checkbox"/>	Masonry	<input type="checkbox"/>	Steel	<input type="checkbox"/>	Wood	<input type="checkbox"/>	Other _____
<b>EXTERIOR WALLS</b>	Concrete	<input type="checkbox"/>	Masonry	<input type="checkbox"/>	Steel	<input type="checkbox"/>	Wood	<input type="checkbox"/>	Siding
<b>ROOF CONSTRUCTION</b>	Conv. Rafters	<input type="checkbox"/>	Steel	<input type="checkbox"/>	Trusses	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	
<b>ROOFING MATERIAL</b>	Asphalt	<input type="checkbox"/>	Fiberglass	<input type="checkbox"/>	Tile	<input type="checkbox"/>	Wood	<input type="checkbox"/>	Other _____
<b>FLOOR CONSTRUCTION</b>	Conv. Joists	<input type="checkbox"/>	Steel	<input type="checkbox"/>	Trusses	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	
<b>SEWER/WATER</b>	City Sewer	<input type="checkbox"/>	City Water	<input type="checkbox"/>	Septic System	<input type="checkbox"/>	Well	<input type="checkbox"/>	
<b>WINDOWS</b>	Single Pane	<input type="checkbox"/>	Double Pane	<input type="checkbox"/>	Patio Doors	<input type="checkbox"/>	Storm & Screens	<input type="checkbox"/>	Other _____
<b>HEATING TYPE</b>	Electricity	<input type="checkbox"/>	Gas	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Central Air
<b>BUILDING DIMENSIONS/DATA</b>									
Number of Stories	<input type="text"/>	Use Group	<input type="text"/>	Construction Type	<input type="text"/>	Number of Occupants	<input type="text"/>	<input type="text"/>	
<b>FLOOR AREA</b>			<b>EXISTING</b>			<b>ALTERATIONS</b>			
<b>NEW</b>									
Basement	<input type="text"/>	Sq. Ft.	<input type="text"/>	Sq. Ft.	<input type="text"/>	Sq. Ft.	<input type="text"/>	Sq. Ft.	
1st Floor	<input type="text"/>	Sq. Ft.	<input type="text"/>	Sq. Ft.	<input type="text"/>	Sq. Ft.	<input type="text"/>	Sq. Ft.	
2nd Floor	<input type="text"/>	Sq. Ft.	<input type="text"/>	Sq. Ft.	<input type="text"/>	Sq. Ft.	<input type="text"/>	Sq. Ft.	
3rd - Above	<input type="text"/>	Sq. Ft.	<input type="text"/>	Sq. Ft.	<input type="text"/>	Sq. Ft.	<input type="text"/>	Sq. Ft.	
Total Area	<input type="text"/>	Sq. Ft.	<input type="text"/>	Sq. Ft.	<input type="text"/>	Sq. Ft.	<input type="text"/>	Sq. Ft.	
<b>NUMBER OF OFF STREET PARKING SPACES</b>			Enclosed	<input type="text"/>	Outdoors	<input type="text"/>			

## 6. PLANS AND PLAN REVIEW REQUIREMENTS

A site drawing or plot plan must be submitted with all applications for a Building and or Zoning Compliance Permit.

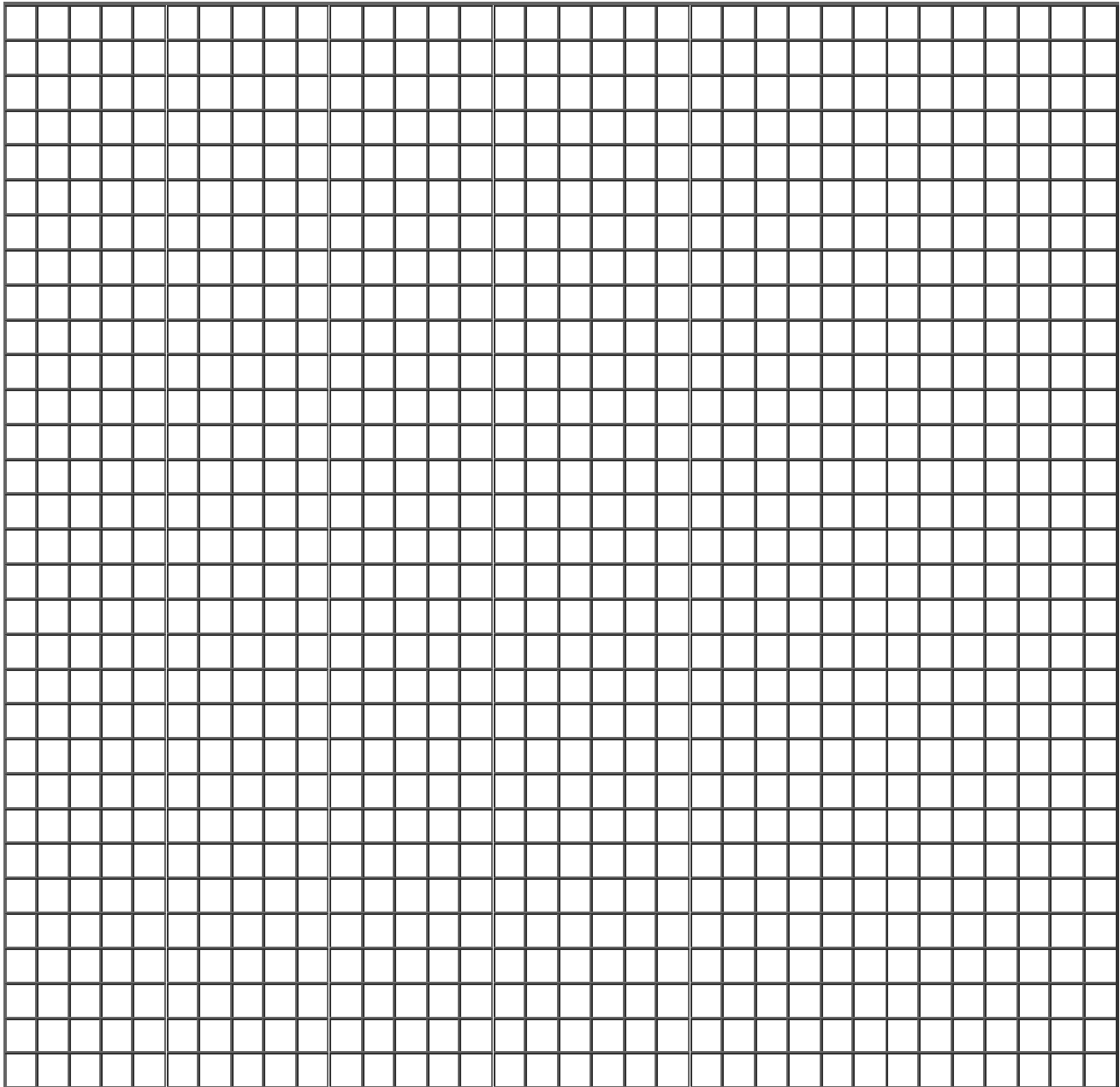
Construction plans are not required for alterations and repair work determined by the Building Official to be of a minor nature.

Construction plans and specifications are required for all commercial buildings types and residential structures exceeding 3,500 sq. ft. and shall be prepared by or under the direct supervision of an architect or engineer licensed pursuant to 1980 PA 299 and shall bear that architect's or engineer's seal and signature.

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 subject to civil fines.

## 7. SITE DRAWING/PLOT PLAN - (Attach larger drawing if necessary)

Please include all building dimensions, property line setbacks and dimensions from all other structures on the property.



## FOR BUILDING DEPARTMENT USE ONLY - PLAN REVIEW

<b>SITE AND ZONING REVIEW ITEMS</b>				<u>COMMENTS BY BUILDING</u>
<u>DEPARTMENT</u>				
Zoning District				
Lot Size	Frontage	Depth		
Setbacks		Shown	Required	
Front Yard Setback				
Rear Yard Setback				
Front Yard Setback				
Side Yard Setback				
Lot Coverage				
Off-Street Parking				
Number of Signs				
Size of Signs				
Sign Setbacks				
Front Yard Setback				
Side Yard Setback				
OTHER				

<b>ADDITIONAL PERMITS AND REQUIRED APPROVALS</b>					<u>COMMENTS BY BUILDING</u>
<u>DEPARTMENT</u>					
Planning Commission Approval	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Zoning/Construction Board of Appeals	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Plumbing Permit	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Required through State of Michigan
Mechanical Permit	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Required through State of Michigan
Electrical Permit	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Required through State of Michigan
County Health Department Approval	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Driveway or Curb Cut Approval	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Required through MDOT or City
Storm Drainage Approval	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
County Sewer Permit	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
City Sewer and Water Permits	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Other	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	

<b>VALIDATION AND FEES</b>			
Square Footage of Project		Projects Value From Building Dept Worksheet	
<b>Permits</b>		<b>Date Approved</b>	<b>Permit No.</b>
Building/Zoning Compliance Permit Fees			
Certificate of Occupancy Fees			
Plan Review Fees			
Other Permit Fees			
Approval By		Totals	