

City of Grand Haven
 11 N. Sixth St., Grand Haven, MI 49417
 Phone: (616) 847-3490 Website: www.grandhaven.org

Application for Plan Examination & Commercial/Industrial Building Permit
Separate Applications Must be Completed for Plumbing, Mechanical, or Electrical Work Permits

I. Job Location					
Job Location Address					Date
Parcel #					
II. Owner Or Lessee					
Owner Name		Business Name		Business Address	
City		State	Zip		Email
Business Phone		Cell			Fax
III. Architect					
Architect Name		Business Name		Business Address	
City		State	Zip		Email
Phone		Cell			Fax
State License #				Expiration Date	
IV. Contractor Information					
Contractor		Business Name		Business Address	
City		State	Zip		Email
Phone		Cell			Fax
V. Plan Review Required					
Detailed construction documents are required with each application for a permit. Construction documents must be sealed and signed by an architect or professional engineer in accordance with 1980, PA 299 as amended. Plans attached <input type="checkbox"/> Yes <input type="checkbox"/> No					
V. Certification					
I hereby certify that I am the owner of record of the named property, 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 authorized agent and agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.					
Signature of Owner				Date	
Signature of Permit Applicant/Holder				Date	
Address			Phone		Email

Complete Application on Back

VI. Project Description					
A. Class of Work					
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other _____					
B. Type of Improvement					
<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair/Replace <input type="checkbox"/> Demolition <input type="checkbox"/> Relocation <input type="checkbox"/> Foundation Only <input type="checkbox"/> Change of Use					
C. Proposed Use (Check all that apply)					
Assembly	Mercantile	Factory	Institutional	Residential	Other
<input type="checkbox"/> Theatre	<input type="checkbox"/> Retail Sales	<input type="checkbox"/> Moderate Hazard	<input type="checkbox"/> Group Home	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Parking Garage
<input type="checkbox"/> Night Club	<input type="checkbox"/> Utility	<input type="checkbox"/> Low Hazard	<input type="checkbox"/> Hospital	<input type="checkbox"/> Multi-family	<input type="checkbox"/> Carport
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Accessory Structure	<input type="checkbox"/> High Hazard	<input type="checkbox"/> Jail		<input type="checkbox"/> Motor Fuel Service
<input type="checkbox"/> Church	Storage		<input type="checkbox"/> Res Care Facility		<input type="checkbox"/> Repair Garage
<input type="checkbox"/> Other Assembly	<input type="checkbox"/> Moderate Hazard				<input type="checkbox"/> Public Utility
<input type="checkbox"/> Business	<input type="checkbox"/> Low Hazard				<input type="checkbox"/> HPM
D. Description of Work (include all interior and exterior work)					
E. Value of Construction Project					
Total value of project: \$					
F. Structural Frame					
<input type="checkbox"/> Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other _____					
G. Exterior Walls					
<input type="checkbox"/> Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other _____					
Are any structural assemblies fabricated off site? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, describe:					
H. Dimensional Data					
Street Frontage (Feet)	Stories (Number)	Lot Area (Sq.Ft.)			
Front Setback (Feet)	Bedrooms (Number)	Building Area (Sq.Ft.)			
Rear Setback (Feet)	Full Baths (Number)	Parking Area (Sq.Ft.)			
Left Setback (Feet)	Partial Baths (Number)	Living Area (Sq.Ft.)			
Right Setback (Feet)	Garages (Number)	Basement Area (Sq.Ft.)			
Height Above Grade (Feet)	Windows (Number)	Garage Area (Sq.Ft.)			
New Residential Units (Number)	Fireplaces (Number)	Office Area (Sq.Ft.)			
Existing Residential Units (Number)	Enclosed Parking (Number)	Service Area (Sq.Ft.)			
Elevators / Escalator (Number)	Outside Parking (Number)	Manufacturing Area (Sq.Ft.)			

VII. Zoning/Land Use Review – For All Exterior Site Improvements

For all projects that include exterior site improvements, a zoning/land use review is required. Exterior site improvements include but are not limited to grading, façade improvements, new/expanded parking lots or driveways, and retaining walls. Please submit a site plan and details to demonstrate compliance with the Zoning Ordinance. Some improvements may also require a separate application and review by the Planning Commission. Any work in the City right-of-way will require a separate application and review from the Department of Public Works. Exterior signage will require a separate application and review.

- 1. Exterior Site Improvements:**
 Grading Façade Improvements Parking Lot or Driveway Retaining Wall(s) Other _____
- 2. Sensitive Areas Overlay Review:** Projects in the Sensitive Areas Overlay District may require a separate application and fee. The Michigan Department of Environmental Quality (DEQ) may also require a separate permit.
 Critical Dune Area Wetland Floodplain Other _____
- 3. Planning Commission Review:**
 Date Approved _____ N/A
- 4. Work in City Right-of-Way:**
 Yes No If Yes, contact the Department of Public Works at (616) 847-3493

VIII. Notice to Applicant

GENERAL: Work shall not be undertaken until a Building Permit is issued. All installations shall be in conformance with the Building Code. **No work shall be concealed until it has been inspected and approved. All provisions of the laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of the construction.**

EXPIRATION OF PERMIT: A permit shall become invalid if the authorized work is not commenced within 180 days 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 may be cancelled when no inspections are requested and conducted within 180 days of the date of issuance or the date of a previous inspection. Cancelled permits cannot be refunded or reinstated.

SCHEDULING INSPECTIONS: Permit holder is responsible for arranging all required inspection until the permit is finalized. Call at least 24 hours in advance to schedule an inspection and include job location and permit number.

Building Data (to be completed by local governing agency)

Use of Building	Permit Fee
Change of Use to	Type of Construction
Maximum Occupancy Load	Use Group
Number of Dwelling Units	Fire Sprinklers Required <input type="checkbox"/> Yes <input type="checkbox"/> No
Size of Building (Total Sq. Ft.)	Off-street Parking Spaces Required: Provided:

Zoning/Land Use Approval (to be completed by local governing agency)

Zoning District Information	
Zoning/Land Use Approval Signature	Date Approved

Building Permit Approval (to be completed by local governing agency)

Plan Reviewed By	Approved for Issuance By
Date Reviewed	Date Approved

APPLICATION FOR SPECIAL INSPECTION / INSPECTOR

This form must be completed by the BUILDING PERMIT APPLICANT.

This statement must be completed and approved before the building permit can be issued.

I. Location of Building			
Address:			
City:		State:	
		Zip:	
II. Applicant Information			
Applicant Name:			
Address:		City:	
		State:	
		Zip:	
Phone:		Cell:	
		Fax:	
III. Materials and Work Subject to Special Inspection (check all that apply)			
	A. Steel Fabrication	Is fabricator ASIC Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	B. Steel Erection (bolts, nuts, washers, material, welding, cutting, etc.)		
	C. Masonry Construction Operations (material: proportioning, mixing, consistency and application of mortar and grout; condition, size, location and spacing of reinforcement; cold and/or hot protection: etc.)		
	D. Concrete (material; condition, size, location and spacing of reinforcement; placement techniques; cold and/or hot protection, etc.)		
	E. Precast Concrete (must have a quality control program administered by an approved agency)		
	F. Precast Concrete Erection (compliance with erection drawings; cutting; etc.)		
	G. Wood Fabrication (trusses, lam beam, micro lams, I-joists, etc.)		
	H. Other: _____		
<p>Report Requirements: Special inspectors shall keep records of all inspections. The special inspector shall furnish inspection reports to the code official, and the registered design professional of record. All discrepancies shall be brought to the immediate attention of the contractor for correction. If the discrepancies are not corrected, the discrepancies shall be brought to the attention of the code official and the registered design professional of record.</p>			
<p>Unless otherwise specified by the Code Official:</p> <p>*Special inspection reports shall be delivered to the code official before covering or concealing structural elements.</p> <p>*A final report of inspections documenting completion of all required special inspections and corrections of any discrepancies noted in the inspections shall be submitted prior to the issuance of a Certificate of Occupancy.</p>			
IV. Special Inspection Information			
A. STEEL FABRICATION			
Company Name:			
Address: (Street, City, State, Zip)			
List the name, educational background, experience, licenses and any other credentials for each inspector that will be conducting the inspections (attach additional sheets if needed):			

B. STEEL ERECTION

Company Name:

Address: (Street, City, State, Zip)

List the name, educational background, experience, licenses and any other credentials for each inspector that will be conducting the inspections (attach additional sheets if needed):

C. MASONRY CONSTRUCTION

Company Name:

Address: (Street, City, State, Zip)

List the name, educational background, experience, licenses and any other credentials for each inspector that will be conducting the inspections (attach additional sheets if needed):

D. CONCRETE CONSTRUCTION

Company Name:

Address: (Street, City, State, Zip)

List the name, educational background, experience, licenses and any other credentials for each inspector that will be conducting the inspections (attach additional sheets if needed):

E. PRECAST CONCRETE

Company Name:

Address: (Street, City, State, Zip)

List the name, educational background, experience, licenses and any other credentials for each inspector that will be conducting the inspections (attach additional sheets if needed):

F. PRECAST CONCRETE ERECTION

Company Name:

Address: (Street, City, State, Zip)

List the name, educational background, experience, licenses and any other credentials for each inspector that will be conducting the inspections (attach additional sheets if needed):

G. WOOD FABRICATION		
Company Name:		
Address: (Street, City, State, Zip)		
List the name, educational background, experience, licenses and any other credentials for each inspector that will be conducting the inspections (attach additional sheets if needed):		
H. OTHER (PREPARED FILL)		
Company Name:		
Address: (Street, City, State, Zip)		
List the name, educational background, experience, licenses and any other credentials for each inspector that will be conducting the inspections (attach additional sheets if needed):		
V. CONFLICT OF INTEREST		
Each special inspector must complete and sign the following conflict of interest form. (Make additional copies if needed.)		
Name of Special Inspector or Firm:		
Are you or your spouse employed or in any way affiliated with the contractor or fabricator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain your affiliation:		
Is the contractor or fabricator related to you by blood or marriage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you or your spouse own stock in the contractor's or fabricator's company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you or your spouse have any financial affiliation with the contractors or fabricators?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that false statements herein are sufficient grounds for rejection of the application. I understand that my statements herein are a material consideration in case of appointment.		
Signature of Inspector:	Date:	