

## Grand Haven Department of Public Safety

Building and Code Division 525 Washington Avenue, Grand Haven, MI 49417 Phone: (616) 842-3460 Website: <a href="https://www.grandhaven.org">www.grandhaven.org</a>



## 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			Da	te				
Parcel #								
II. Owner Or Lessee								
Owner Name	Business Na	Business Name Business Address						
City		State	Zip	Email				
Business Phone		Cell		-		Fax		
III. Architect								
Architect Name	Business Na	me		Business Address				
City	State Zip			Email				
Phone		Cell			Fax			
State License #					Expiration Date			
IV. Contractor Information						ľ		
Contractor	Business Na	Business Name Business Address						
City State Zip			Email					
Phone Cell			Fax					
State License # Expiration Date								
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 □ Yes □ 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	Date				
Address			Phone Email					

VI. Project Description							
A. Class of Work							
□ Residential □	Commercial 🗆 Inc	lustrial   Other		<del></del>			
B. Type of Improve	ment						
□ New Building □ Addition □ Alteration □ Repair/Replace □ Demolition □ Relocation □ Foundation Only □ Change of Use							
C. Proposed Use (Ch	neck all that apply)						
Assembly	Mercantile Factory Institutional Residential Other						
□ Theatre	□ Retail Sales	☐ Moderate Hazard	☐ Group Home	□ Hotel/Motel	□ Parking Garage		
□ Night Club							
□ Restaurant							
□ Church	Storage		☐ Res Care Facility		☐ Repair Garage		
☐ Other Assembly	☐ Moderate Hazard				□ Public Utility		
□ Business	□ Low Hazard				□ HPM		
D. Description of W	ork (include all interior	and exterior work)		<u> </u>			
E. Value of Construction Project  Refer to current Building Permit Fee Schedule for fee information. A 65% plan review fee will be charged for all projects.  Total value of project: \$  F. Structural Frame  Steel  Masonry Concrete  Wood Other							
G. Exterior Walls							
□ Steel □ Masonry	□ Concrete □ Wood	d 🗆 Other					
Are any structural a	ssemblies fabricated o	ff site? 🗆 YES 🗆 No	O If so, describe:				
H. Dimensional Data							
Street Frontage (Feet) Stories (Number) Lot Are				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 (S	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 projects that require a building permit, a zonin	g/land use review is required. Separate fees will be assessed for a						
	and floor plans may be required to demonstrate compliance with the						
	e approval by the Planning Commission. Any work in the City right-of-						
1	ne Department of Public Works. An inspection may also be required.						
1. Proposed Improvements:	· · · · · · · · · · · · · · · · · · ·						
-	ng Lot or Driveway   Retaining Wall(s)   Change of Use						
□ Building Footprint Expansion □ Building Heigh							
Banang restrict Expansion Banang resgn	The more date in the mo						
2. Sensitive Areas Overlay Review: Projects in the Sensi	itive Areas Overlay District may require a separate application and fee.						
The Michigan Department of Environment, Great Lakes & Energy (EGLE) may also require a separate permit.  □ Critical Dune Area □ Wetland □ Floodplain □ Other							
3. Work in City Right-of-Way:	Development of Dublic Manufact (CAC) 047 2402						
☐ Yes ☐ No ☐ If Yes, contact the	Department of Public Works at (616) 847-3493						
VIII Nation to Applicant							
VIII. Notice to Applicant							
<u>-</u>	g Permit is issued. All installations shall be in conformance with the						
1	as been inspected and approved. All provisions of the laws and						
	with whether specified herein or not. The granting of a permit does						
not presume to give authority to violate or cancel the pr	ovisions 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 at	pandoned for a period of six months after the time of commencing the						
work. A permit may be cancelled when no inspections ar	e requested and conducted within 180 days of the date of issuance or						
the date of a previous inspection. Cancelled permits cannot							
	or arranging all required inspection until the permit is finalized. Call at						
least 24 hours in advance to schedule an inspection and ir							
reast 24 mours in duvance to senedule an inspection and in	iciade job location and permit number.						
Building Data (to be completed by local governing ag	gency)						
Use of Building							
Ose of Building	Type of construction						
Change of Use To	Use Group						
Maximum Occupancy Load	Size of Building (Total Sq. Ft.)						
	3 2 3 3 4 3 3 4 3 4 3 7						
Number of Dwelling Units	Fire Sprinklers Required □ Yes □ No						
Zoning/Land Use Approval (to be completed by local	governing agency)						
□ Conforming Use □ Non-Conforming Use							
Zoning District Information	PC/ZBA Case						
Loring District information	1 6/ 25/1 6436						
Zoning/Land Use Approval Signature	Date Approved						
Notes/Stipulations							
	roverning agency)						
	Building Permit Approval (to be completed by local governing agency)						
	Required Inspections						
Required Inspections							
Required Inspections							
Required Inspections  Notes/Stipulations	Arrange of facilities 2						
Required Inspections	Approved for Issuance By						
Required Inspections  Notes/Stipulations	Approved for Issuance By  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 B	uilding								
Address:									
City:				State:			Zip:		
II. Applicant Inf	ormation								
Applicant Name:									
Address:			City:			State:	Zip:		
Phone:		Cell:				Fax:			
III. Materials an	d Work Subject to Speci	al Inspection	n (check	all tha	t apply)	•			
	A. Steel Fabrication				Is fabricator AS	IC Certified?	□ Yes □ No		
	B. Steel Erection (bolts, nuts, washers, material, welding, cutting, etc.)								
	<b>C.</b> Masonry Construct mortar and grout; cond	-	-	-		_	ncy and application of ad/or hot protection: etc.)		
	<b>D.</b> Concrete (material cold and/or hot protect		, size, loc	ation a	nd spacing of rei	nforcement; pl	acement techniques;		
	E. Precast Concrete (r	nust have a	quality o	control	program admini	stered by an ap	oproved agency)		
	F. Precast Concrete Erection (compliance with erection drawings; cutting; etc.)								
	<b>G.</b> Wood Fabrication (	trusses, lan	n beam, r	micro la	ams, I-joists, etc.)				
	H. Other:								
reports to the immediate atte	code official, and the re	gistered de for correct	esign profi ion. If th	fession he disc	al of record. Al repancies are no	discrepancies of corrected, the	or shall furnish inspection s shall be brought to the he discrepancies shall be		
Unless otherwis	se specified by the Code	Official:							
*Special inspec	tion reports shall be deli	vered to th	e code o	fficial b	efore covering o	or concealing st	tructural elements.		
-	of inspections document oted in the inspections s	-		-					
•	ection Information						- Состраноў.		
A. STEEL FABRI	CATION								
Company Name:									
Address: (Street, Cit	ry, State, Zip)								
List the name, educ additional sheets if	ational background, experience needed):	e, licenses and	any other o	credentia	lls for each inspector	that will be condu	ucting the inspections (attach		

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?	es	□ No					
If yes, please explain your affiliation:							
Is the contractor or fabricator related to you by blood or marriage?	es	□ No					
Do you or your spouse own stock in the contractor's or fabricator's company?	es	□ No					
Do you or your spouse have any financial affiliation with the contractors or fabricators?	es	□ 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:	Da	ate:					