



BUILDING PERMIT APPLICATION
MONROE CHARTER TOWNSHIP BUILDING DEPARTMENT
 4925 East Dunbar Road
 Monroe, MI 48161
 Phone: (734) 241-5502
 Website: monroechartertownship.org

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B 2024 B

Authority. 1972 PA 230 Penalty Failure to provide the information may result in denial of your request.	Monroe Charter Township is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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APPLICANT TO COMPLETE ALL ITEMS IN SECTIONS 1-17

1. Project or Facility Information

PROJECT NAME		ADDRESS		
NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH JOB IS LOCATED: MONROE CHARTER TOWNSHIP				ZIP CODE 48161
COUNTY MONROE	BETWEEN	AND		

2. Applicant/Contractor or Lessee (for Certificate of Zoning Compliance for Occupancy Zoning Permit Applications)

NAME		E-MAIL		
ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area code)

3. Owner of the land in fee

NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area code)	

4. Provide a description of the work to be covered by the permit:

5. CERTIFICATE OF OCCUPANCY (\$50.00 FEE) OYES O NO	6. Estimated Project Cost \$ _____	NOTE: Plumbing, Mechanical and Electrical Work Require Separate Permits Re-open Expired Permit \$75.00
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For Department Use Only

Validation Area

APPROVAL SIGNATURE _____
Zoning Enforcement Officer

DATE APPROVED ____/____/____

USE GROUP _____ SQUARE FEET _____

TYPE OF CONSTRUCTION _____

APPROVAL SIGNATURE _____
Building Official

DATE APPROVED ____/____/____

INSPECTIONS: (foundation/ftg.main, footing garage, backfill, pre-pour, frame,
truss drawings, insulation, drywall, flashing, flood certificate, flood gates, zoning
compliance, fire inspection, gas pressure test, performance bond, post holes, final,
ALL other _____

TOTAL PERMIT VALUE \$ _____

TOTAL PERMIT FEE \$ _____

SEWER USE FEE PAID YES NO \$ _____ AMOUNT DUE

_____ UNITS X \$ _____ = \$ _____

7. Purpose of Project

NEW BUILDING ALTERATION DEMOLITION FOUNDATION ONLY ADDITION REPAIR MOBILE HOME SET-UP PREMANUFACTURE OTHER

MOBILE HOME HUD & SERIAL NUMBERS _____

Plan Review Required

5 sets of construction documents are required with each application for a commercial building permit. Construction documents must be sealed and signed by an architect or professional engineer in accordance with 1980, PA 299 as amended.

The seal and signature is not required for one- and two-family dwellings less than 3,500 square feet of calculated floor area and public works less than \$15,000 in total construction cost. Applicant must submit a detailed statement in writing, verified by affidavit of the individual making it, of the specifications for the building or structure, and full and complete copies of the plans drawn to scale of the proposed work. Applicant must also submit a site plan showing the dimensions, and the location of the proposed building or structure and the other buildings or structures on the same premises.

For buildings regulated by the Michigan Building Code, 2 sets of construction documents must be submitted and approved before a building permit can be issued.

8. Residential Buildings Regulated by the Michigan Residential Code

ONE FAMILY TOWNHOUSE NO. OF UNITS _____ DETACHED GARAGE

TWO OR MORE FAMILY NO. OF UNITS _____ ATTACHED GARAGE OTHER

9. Residential builder or Residential maintenance and alteration contractor			
NAME	COMPANY NAME	ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area code)
STATE OF MICHIGAN LICENSE NUMBER	EXPIRATION DATE		E-MAIL
FEDERAL EMPLOYER ID NUMBER (or reason for exemption)		WORKERS COMP INSURANCE CARRIER (or reason for exemption)	
UNEMPLOYMENT INSURANCE AGENCY EMPLOYER ACCOUNT NUMBER (or reason for exemption)			

10. Type of Construction

- (A-1) ASSEMBLY (THEATRES, ETC)
 (A-2) ASSEMBLY (RESTAURANTS, BARS, ETC)
 (A-3) ASSEMBLY (CHURCHES, LIBRARIES, ETC)
 (A-4) ASSEMBLY (INDOOR SPORTS ,ETC)
 (A-5) ASSEMBLY (OUTDOOR SPORTS, ETC)
 (B) BUSINESS
 (E) EDUCATION
 (F-1) FACTORY (MODERATE HAZARD)
 (F-2) FACTORY (LOW HAZARD)
 (H-1) HIGH HAZARD (DETONATION)
 (H-2) HIGH HAZARD (DEFLAGATION)
 (H-3) HIGH HAZARD (COMBUSTION)
 (H-4) HIGH HAZARD (HEALTH HAZARD)
 (H-5) HIGH HAZARD (HPM)
 (I-1) INSTITUTIONAL 1 (SUPERVISED)
 (I-2) INSTITUTIONAL 2 (HOSPITALS ETC.)
 (I-3) INSTITUTIONAL 3 (PRISONS ETC)
 (I-4) INSTITUTIONAL 4 (DAY CARE ETC)
 MERCANTILE
 (R-1) RESIDENTIAL 1 (HOTELS, MOTELS)
 (R-2) RESIDENTIAL 2 (MULTIPLE FAMILY)
 (R-3) RESIDENTIAL 3 (1 & 2 FAMILY)
 (R-4) RESIDENTIAL 4 (ASSISTED LIVING)
 (S-1) STORAGE 1 (MODERATE HAZARD)
 (S-2) STORAGE 2 (LOW HAZARD)
 (U) UTILITY (MISCELLANEOUS)

11. WILL THERE BE FIRE SUPPRESSION ADDED?
 YES NO

FIRE SUPPRESSION WORK REQUIRES A SEPARATE MECHANICAL PERMIT

12. Type of Construction

- | | | |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> O1A - Non-Combustible (Protected Structural Elements) 3HR | <input type="checkbox"/> O1B - Noncombustible (Rated Structural Elements) 2HR | <input type="checkbox"/> O2A - Non-Combustible (Rated Structural Elements) 1 HR |
| <input type="checkbox"/> O2B - Noncombustible (Non-Rated Structural Elements) 0 4 | <input type="checkbox"/> O 3A - Non-Combustibles (Exterior Walls Only) | <input type="checkbox"/> O3B - Non-Combustible (Bearing Walls Rated) |
| <input type="checkbox"/> O 4-Heavy Timber | <input type="checkbox"/> O 5A - Combustible (Structural Elements Rated) 1HR | <input type="checkbox"/> O5B - Combustible (All Elements Not Rated) |

13. Dimensions / Data

FLOOR AREA:	EXISTING	ALTERATIONS	NEW
BASEMENT	_____	_____	_____
1ST & 2ND FLOOR	_____	_____	_____
3RD FLOOR & ABOVE	_____	_____	_____
TOTAL AREA	_____	_____	_____

15. 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.

I, _____ (name), _____ (title), attest that the statements, specifications, and plans submitted with this application are true and complete and contain a correct description of the building or structure, lot or parcel, _____ and proposed work. I further attest that this application complies with the requirements of MCL 125.1510 and that I am a person authorized under MCL 125.1510(2) to make the statements and attestations contained in this application under MCL 125.1510(2).

16. SIGNATURE

17. DATE

A PERMIT WILL BE CLOSED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN 180 DAYS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CLOSED PERMITS CANNOT BE REFUNDED. THE CHARGE TO RE-OPEN A CLOSED PERMIT IS \$75.00.

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