

BUILDING PERMIT APPLICATION

Revised 08-05-22



Pittsfield Charter Township Department of Building Services

6201 W. Michigan Avenue, Ann Arbor, MI 48108
Phone: (734) 822-3125 Fax: (734) 944-1103
Website: www.pittsfield-mi.gov

I. JOB LOCATION

Separate applications must be completed for Electrical, Mechanical & Plumbing

Street Address & Street Name _____ Suite # _____ City _____ Zip Code _____ Lot # _____

Business Name (Current/Future Occupant) _____ Property ID # _____ Subdivision/Complex _____

Is the property within a floodplain: Yes No

II. PROPERTY OWNER INFORMATION (OR LESSEE)

Property Owner Name _____ Address (Street # & Name, City, State & Zip) _____

Phone Number _____ Fax Number _____ Email Address _____

III. APPLICANT INFORMATION

HOMEOWNER CONTRACTOR ARCHITECT/ENGINEER AGENT

Applicant Name (Company Name) _____ Contact Person _____ Email Address _____

Address (Street # & Name, City, State & Zip) _____

Phone Number _____ Fax Number _____ State License Number _____ Expiration Date _____

Federal Employer ID # (or reason for exemption) _____ MESC Employer # (or reason for exemption) _____

Worker's Compensation Insurance Carrier (or reason for exemption) _____

IV. ARCHITECT/ENGINEER INFORMATION

Company Name _____ Contact Person _____ Email Address _____

Address (Street # & Name, City, State & Zip) _____

Phone Number _____ Fax Number _____ State License Number _____ Expiration Date _____

V. DESCRIPTION OF PROJECT

Provide a description of the work to be covered by the permit. (Example: New Residential Dwelling (4 Bedrooms, 2.5 Bath, Unfinished Basement); Interior remodel for new tenant; 12' x 20' composite deck)

BUILDING PERMIT APPLICATION - PAGE 2

VI. PLAN REVIEW REQUIREMENTS

Plans must be submitted with this application before a permit can be issued/released.

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

Plans and specifications are required for all other building types 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.

VII. TYPE OF IMPROVEMENT & COST OF CONSTRUCTION

Type of Improvement:

*Cost of Construction: _____

Addition Alteration Deck Demolition Foundation Only Mobile Home New Building

PreManufacture Relocation Remodel Repair Other: _____

VIII. PROPOSED USE OF BUILDING

Residential

Non-Residential

Amusement Church Detached Garage Hotel/Motel (No. of Units) _____ Hospital Industrial

Mercantile Office Pole Barn/Shed Public Utility School/Library Service Station

Single-Family 2 or more family (No. of Units) _____ Other: _____

Previous Use of Building (i.e. Dental Office, Bank) _____

Proposed Use of Building _____

IX. CHARACTERISTICS OF BUILDING

A. Principal Type of Frame

B. Principal Type of Heating Fuel

C. Type of Mechanical

Wood Reinforced Concrete

Natural Gas Propane

Air Conditioning Yes No

Masonry Structural Steel

Oil Electricity

Fire Suppression Yes No

Other: _____

Other: _____

D. Type of Water Supply & Sewage Disposal

Public Water

Public Sewer

Private Well

Septic System

E. Dimension/Data

Floor Area	Existing	Alteration	New
Basement	_____	_____	_____
1st Floor	_____	_____	_____
2nd Floor	_____	_____	_____
Garage	_____	_____	_____
Porch	_____	_____	_____

Number of Stories _____ Use Group _____

Construction Type _____ Occupant Load _____

X. SIGNATURE

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/HER 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.

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.

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION.

Signature of Applicant

Printed Name (of Applicant)

Date

BUILDING PERMIT APPLICATION - PAGE 3

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REVIEW TYPE	REQUIRED	RECEIVED	APPROVED	BY	DATE
Zoning Approval - Planning	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Site Plan Review - Planning	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Variance/ZBA - Planning	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Tax Parcel # - Assessing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Address Application - Planning	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Driveway Permit - Fire Dept.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Driveway Permit - WCRC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Utility Connection Charges	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Soil Erosion Permit - Township	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Well Permit - County	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Septic Permit - County	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Construction Prints	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Wetland Permit - Planning	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Health Dept. Permit/Approval	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

VALIDATION & APPROVAL

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Use Group _____ Est. Construction Value _____ Edition of Code _____

Required Inspections: _____

Approval Signature _____ Date _____

Comments: _____

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SUBMITTAL CHECKLIST

Street Address & Street Name _____ Lot # _____ Development Name (Business Name) _____

Applicant Signature _____ Printed Name _____ Date _____

Building Permits cannot be issued without submittal of the following items

Description	# of copies	Submitted	Residential/Commercial Requirement
Building Permit Application <i>(completed in full & signed)</i>	1	<input type="checkbox"/> Yes <input type="checkbox"/> No	Residential/Commercial
Construction Plan Sets <i>(signed & sealed plans required for all commercial projects; required for residential projects over 3,500 sq. ft.)</i>	2 <i>(one set 11" x 17")</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Residential/Commercial
Energy Information <i>(or plan reviewer sign-off for compliance)</i>	2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Residential/Commercial
Plot Plans	2 <i>(11" x 17")</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Residential
Registration of Builder's License	1	<input type="checkbox"/> Yes <input type="checkbox"/> No	Residential
Homeowner's Affidavit <i>(Affidavit required if the homeowner is pulling the permit)</i>	1	<input type="checkbox"/> Yes <input type="checkbox"/> No	Residential
Zoning Compliance Approval <i>(See back page for items that require a Zoning Compliance Permit)</i>	-	<input type="checkbox"/> Yes <input type="checkbox"/> No	Residential/Commercial
Floodplain documentation <i>(required if the property is located in a floodplain)</i>	1	<input type="checkbox"/> Yes <input type="checkbox"/> No	Residential/Commercial
Soil Erosion Permit <i>(issued prior to the Building Permit being released, if required)</i>	-	<input type="checkbox"/> Yes <input type="checkbox"/> No	Residential/Commercial
Wetland Permit <i>(issued prior to the Building Permit being released, if required)</i>	-	<input type="checkbox"/> Yes <input type="checkbox"/> No	Residential/Commercial
Address Assignment <i>(issued prior to the Building Permit being submitted, if required)</i>	-	<input type="checkbox"/> Yes <input type="checkbox"/> No	Residential/Commercial
Driveway Permit or Waiver <i>(Required for a new driveway approach, work within the right-of-way/ Washtenaw County Road Commission)</i>	1	<input type="checkbox"/> Yes <input type="checkbox"/> No	Residential
Well Permit or municipal water connection permit <i>(Washtenaw County Environmental Health Department)</i>	1	<input type="checkbox"/> Yes <input type="checkbox"/> No	Residential/Commercial
Septic Permit or municipal sewer connection permit <i>(Washtenaw County Environmental Health Department)</i>	1	<input type="checkbox"/> Yes <input type="checkbox"/> No	Residential/Commercial
Site Plan Approval <i>(through the Township Planning Department)</i>	-	<input type="checkbox"/> Yes <input type="checkbox"/> No	Residential/Commercial
Health Department Approval <i>(Washtenaw County Health Department- restaurants, food preparation)</i>	1	<input type="checkbox"/> Yes <input type="checkbox"/> No	Commercial
Fire Marshal Inspection of Access Road <i>(sign-off required before permit is released; homes outside of subdivisions)</i>	-	<input type="checkbox"/> Yes <input type="checkbox"/> No	Residential/Commercial

Continued on next page

BUILDING PERMIT APPLICATION - PAGE 2

SUBMITTAL CHECKLIST (Continued)

The following items require a Zoning Compliance Permit (or further review from the Planning Department):

- Addition
- Agricultural Barn
- Amateur Radio/Satellite Dish Antenna
- Day Care
- Deck (Covered)
- Detached Garage
- Driveway (New)
- Entrance Structure
- Fireworks
- Home Business
- New Business: New Tenant/Change of Use
- Porch
- Outdoor Seating/Tables – Restaurants
- Outside Displays/Sales
- Pole Barn
- Pool
- Propane
- Residential Dwellings
- Shed
- Special Events (commercial or groups)
- Sunroom
- Temporary Dwelling Structure
- Towers (Cell Towers, etc.)

[The above list may not include all items that require a Zoning Compliance permit. **To confirm** if a Zoning Compliance Permit or other review is required, or if you have questions about the application process, please contact the Planning Department at (734) 822-3130]

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I have reviewed the submittal package and found that all of the required documentation has been provided.

Township Employee Signature

Date

If the required documentation was not provided, please indicate which items are outstanding, and when the applicant was notified that the application would be placed on hold until the items are received.

_____	_____
_____	_____
_____	_____
_____	_____

Notification Date(s)

Name of Individual Notified

Township Employee Initials