

City of Westland

MOHAMED AYOUB
DIRECTOR

ROGER SHIFFLETT
BUILDING OFFICIAL

KEVIN COLEMAN
MAYOR



**PLANNING & BUILDING
DEPARTMENT**

36300 WARREN RD
WESTLAND, MI 48185
734-467-3210

BUILDING@CITYOFWESTLAND.COM

Authority: 1972 PA 230
Penalty: Failure to provide the information may result in denial
of your request.

For Official Use Only

Date Submitted _____

Permit Number _____

BUILDING PERMIT AND PLAN REVIEW APPLICATION

YOU MUST FILL IN ALL FIELDS

Property Information

Address: _____

Occupant: _____

Zoning District: _____

Tax I.D.: _____

Property Owner Information

Name: _____

Phone Number: _____

Address: _____

Email: _____

Contractor Information

Business/Last Name: _____

Phone Number: _____

Address: _____

Email: _____

Residential Contractor License Number: _____

Tax I.D. # _____

PURSUANT TO PUBLIC ACT 135 OF 1989 ALL PERMIT APPLICANTS MUST FILL OUT THIS SECTION

Workers Compensation Carrier or exemption: _____

MESC #/ Unemployment Agency # Or exemption _____ ☐ Bldg. Owner – N/A

NOTICE: A copy of this permit will be provided to the City Assessor's office when the requested building permit is issued. A staff member of the Assessor's Office may visit the property for assessment purposes in connection with this building permit. By signing this application you acknowledge personally and on behalf of the property owner, receipt of this notice.

Architect/Engineer Information

Name: _____

Phone Number: _____

Address: _____

Email: _____

License Number: _____

BUILDING INFORMATION

DESCRIPTION OF WORK

Purpose of Project

<input type="checkbox"/> New Building	<input type="checkbox"/> Alteration	<input type="checkbox"/> Demolition	<input type="checkbox"/> Addition	<input type="checkbox"/> Foundation only	<input type="checkbox"/> Repair(s)
<input type="checkbox"/> Deck	<input type="checkbox"/> Roof	<input type="checkbox"/> Siding	<input type="checkbox"/> Window(s) – Qty. ____	<input type="checkbox"/> Door(s) – Qty. ____	<input type="checkbox"/> Other ____

PLAN REVIEW REQUIRED

2 sets of construction documents, 1 paper and 1 electronic, 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. **The seal and signature is not required for one- and two-family dwellings less than 3,500 square feet of calculated floor area.** 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, 1 paper and 1 electronic, must be submitted for Plan Examination, the appropriate fee, and approved before a building permit can be issued.**

If project is exempt from Plan Review, identify basis for exemption: _____

RESIDENTIAL – BUILDINGS REGULATED BY THE MICHIGAN RESIDENTIAL CODE

<input type="checkbox"/> One family	<input type="checkbox"/> 2 or more family	<input type="checkbox"/> Townhouse # of Units ____	<input type="checkbox"/> Attached Garage	<input type="checkbox"/> Detached Garage
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BUILDING REGULATED BY THE MICHIGAN BUILDING CODE

<input type="checkbox"/> Vacant more than 6 months	<input type="checkbox"/> H-5 Hazardous production materials
<input type="checkbox"/> A-1 Assembly, theaters	<input type="checkbox"/> I-1 Institutional, supervised residential care
<input type="checkbox"/> A-2 Assembly, nightclubs, bars, restaurants	<input type="checkbox"/> I-2 Institutional, incapacitated, hospital, nursing
<input type="checkbox"/> A-3 Assembly, rec centers, religious buildings	<input type="checkbox"/> I-3 Institutional, restrained, prisons
<input type="checkbox"/> A-4 Assembly, indoor sporting facilities	<input type="checkbox"/> M Mercantile
<input type="checkbox"/> A-5 Grandstands, stadiums, outdoor sporting events	<input type="checkbox"/> R-1 Residential, hotels, motels, boarding houses
<input type="checkbox"/> B Business	<input type="checkbox"/> R-2 Residential, multiple family, fraternity, sorority
<input type="checkbox"/> E Educational	<input type="checkbox"/> R-3 Residential, 1 and 2 family and townhouses
<input type="checkbox"/> F-1 Factory and industrial, moderate hazard	<input type="checkbox"/> R-4 Assisted Living (6-16 Occupants)
<input type="checkbox"/> F-2 Factory and industrial, low hazard	<input type="checkbox"/> S-1 Storage, moderate hazard
<input type="checkbox"/> H-1 High hazard, detonation hazards	<input type="checkbox"/> S-2 Storage, low hazard
<input type="checkbox"/> H-2 High hazard, deflagration hazards	<input type="checkbox"/> U Utility, miscellaneous, garages, fences, sheds
<input type="checkbox"/> H-3 High hazard, physical hazards	<input type="checkbox"/> Mixed Uses _____
<input type="checkbox"/> H-4 High hazard, health hazards	

TYPE OF CONSTRUCTION

<input type="checkbox"/> I-A	<input type="checkbox"/> II-A	<input type="checkbox"/> III-A	<input type="checkbox"/> IV-A	<input type="checkbox"/> V-A	<input type="checkbox"/> I-B	<input type="checkbox"/> II-B	<input type="checkbox"/> III-B	<input type="checkbox"/> IV-B	<input type="checkbox"/> V-B
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SUPPRESSION SYSTEM

<input type="checkbox"/> NFPA-13	<input type="checkbox"/> Limited Area	<input type="checkbox"/> Partial
<input type="checkbox"/> NFPA-13R	<input type="checkbox"/> Range Hood	<input type="checkbox"/> Complete
<input type="checkbox"/> NFPA-13D	<input type="checkbox"/> None	

BUILDING HEIGHT AREA

Max. Height above Grade _____	Max Area per Floor _____
Stories above Grade _____	Total Floor Area _____
Area by Use _____	

FRONT SETBACK *For Residential Only*

New construction or addition to the front of existing structure: Averaged front setback of all properties within 100 feet is _____ For questions about setbacks, contact Mohamed Ayoub at (734) 467-3216 or mayoub@cityofwestland.com
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TOTAL VALUE OF WORK *(Includes Mechanical, Electrical, Plumbing and Labor)* \$ _____

Contractors shall provide a copy of the contract with a homeowner. New construction value will be determined using the most current ICC Building Valuation.

I, CONTRACTOR, acting through the undersigned, agrees to comply with all terms and conditions of the permit as it may be issued.

Signature _____ Date _____

Print Name of Signature and Title _____

Company Name _____

I, OWNER, or person acting as the owner's agent, agree to require Contractor to comply with all terms and conditions of permit as it may be issued, agree to the terms and conditions of permit as it may be issued, and agree to pay all fees and costs that may come due to as a result of any activity under the permit.

Signature _____

Print Name _____

*If Owner's signature is by Contractor or its representative, Contractor warrants and represents that it is an authorized agent for the Owner for purposes of obtaining this permit.

NOTE: Contractor is *NOT* allowed to act as agent for Owner if Contractor is in non-compliance status on other permits.

HOMEOWNERS AFFIDAVIT: I hereby certify that I am the bona fide homeowner of the above property which is a single residence and not for rent. I am familiar with the provisions of the applicable ordinances and rules and hereby agree to assume the responsibility of a licensed contractor for the work mentioned in the permit. I agree to notify the Building Division within 72 hours after the work is completed so that the required inspection(s) may be made. I further agree to keep all parts of this work exposed until accepted by the inspector.

Violation Penalties: Any person who shall violate any provision of the Ordinance of shall fail to comply with any of the requirements thereof, shall upon conviction thereof, be punished by a fine not to exceed \$500.00 or by imprisonment for not to exceed 90 days or both such fine and imprisonment, at the discretion of the Court.

Homeowner Signature _____

Date _____

OFFICIAL USE ONLY

ZONING APPROVAL

Zone: _____ Use: _____ ☐ Front Yard ☐ Side Yard ☐ Rear Yard

Approved By: _____ Approval Date: _____

Notes: _____

BUILDING APPROVAL

Use Group: _____ Construction Type: _____

Approved By: _____ Approval Date: _____

Notes: _____

FEES

Building Permit: _____ Admin Fee: _____ Plan Review: _____

Grading Permit: _____ Contractor Registration: _____

TOTAL FEE DUE: _____

***** You must submit two hard copies of the drawings or one hard copy and a PDF. *****