



CITY OF WESTLAND BUILDING DEPARTMENT

36300 Warren Westland, Michigan 48185 (734) 467-3210 building@cityofwestland.com

CITY OF
WESTLAND
An All **AMERICAN** City
www.cityofwestland.com

DATE SUBMITTED _____

PERMIT #: PB _____

COMMERCIAL BUILDING PERMIT APPLICATION

Permission is requested by the Contractor and by the Owner to perform work described below and on the following pages, and as shown on the attached plans.

YOU *MUST* FILL IN ALL FIELDS

PROPERTY	<i>Address</i>		<i>Zoning District</i>	
	<i>Occupant</i>		<i>Tax I.D.</i>	
PROPERTY OWNER	<i>Name</i>		<i>Phone</i>	
	<i>Address</i>		<i>Email</i>	
CONTRACTOR	<i>Last Name/Business</i>		<i>Phone</i>	
	<i>Address</i>	<i>City</i>	<i>Email</i>	
ARCHITECT/ ENGINEER	<i>Name</i>		<i>Phone</i>	
	<i>Address</i>		<i>City</i>	<i>License No.</i>

BUILDING INFORMATION

TYPE OF WORK

- | | | |
|--|---|---|
| <input type="checkbox"/> Build/Finish | <input type="checkbox"/> New | <input type="checkbox"/> Building |
| <input type="checkbox"/> Addition(s) | <input type="checkbox"/> Existing | <input type="checkbox"/> Tenant Space |
| <input type="checkbox"/> Alteration(s) | <input type="checkbox"/> Portion(s) of existing | <input type="checkbox"/> Deck |
| <input type="checkbox"/> Change of Occupancy | <input type="checkbox"/> Shell | <input type="checkbox"/> Porch |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Foundation only | <input type="checkbox"/> Fence |
| <input type="checkbox"/> Move | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Roof |
| <input type="checkbox"/> Repair(s) | _____ | <input type="checkbox"/> Windows-Number _____ |
| <input type="checkbox"/> Other _____ | _____ | <input type="checkbox"/> Siding _____ |

CONSTRUCTION TYPE

- | | | | | |
|------------------------------|-------------------------------|--------------------------------|-------------------------------|------------------------------|
| <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 |

OCCUPANT USE GROUP

<input type="checkbox"/> Vacant <input type="checkbox"/> A-1 Assembly, theaters <input type="checkbox"/> A-2 Assembly, nightclubs, bars, restaurants <input type="checkbox"/> A-3 Assembly, rec centers, religious buildings <input type="checkbox"/> A-4 Assembly, indoor sporting facilities <input type="checkbox"/> A-5 Grandstands, stadiums, outdoor sporting events <input type="checkbox"/> B Business <input type="checkbox"/> E Educational <input type="checkbox"/> F-1 Factory and industrial, moderate hazard <input type="checkbox"/> F-2 Factory and industrial, low hazard <input type="checkbox"/> H-1 High hazard, detonation hazards <input type="checkbox"/> H-2 High hazard, deflagration hazards <input type="checkbox"/> H-3 High hazard, physical hazards <input type="checkbox"/> H-4 High hazard, health hazards <input type="checkbox"/> H-5 Hazardous production materials <input type="checkbox"/> I-1 Institutional, supervised residential care <input type="checkbox"/> I-2 Institutional, incapacitated, hospital, nursing home <input type="checkbox"/> I-3 Institutional, restrained, prisons <input type="checkbox"/> M Mercantile <input type="checkbox"/> R-1 Residential, hotels, motels, boarding houses <input type="checkbox"/> R-2 Residential, multiple-family, fraternity, sorority <input type="checkbox"/> R-4 Assisted living (6-16 occ.) <input type="checkbox"/> S-1 Storage, moderate hazard <input type="checkbox"/> S-2 Storage, low hazard <input type="checkbox"/> U Utility, miscellaneous, garages, fences, sheds <input type="checkbox"/> Mixed Uses _____	<div style="border: 1px solid black; padding: 2px; background-color: #f2f2f2; text-align: center;">HISTORIC DISTRICT</div> <input type="checkbox"/> Yes <input type="checkbox"/> No District _____ Approval _____ <div style="border: 1px solid black; padding: 2px; background-color: #f2f2f2; text-align: center;">SUPPRESSION SYSTEM</div> <input type="checkbox"/> NFPA-13 <input type="checkbox"/> NFPA-13R <input type="checkbox"/> NFPA-13D <input type="checkbox"/> Limited Area <input type="checkbox"/> Range Hood <input type="checkbox"/> None <input type="checkbox"/> Partial <input type="checkbox"/> Complete <div style="border: 1px solid black; padding: 2px; background-color: #f2f2f2; text-align: center;">ALARM SYSTEM</div> <input type="checkbox"/> Manual <input type="checkbox"/> Automatic Detection <input type="checkbox"/> None <input type="checkbox"/> Partial <input type="checkbox"/> Complete <div style="border: 1px solid black; padding: 2px; background-color: #f2f2f2; text-align: center;">BUILDING USE OPTIONS</div> <input type="checkbox"/> Single Use <input type="checkbox"/> Mixed Use - Separation Option: <input type="checkbox"/> Non-separated uses <input type="checkbox"/> Separated uses <input type="checkbox"/> Separate buildings
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Is this building residential rental property? Yes No No. of Units: _____

BUILDING HEIGHT AREA

Max. Height Above Grade: _____	Max. Area per Floor _____
Stories Above Grade: _____	Total Floor Area: _____
Area by Use:	
_____ Use _____	SF No. of Units: _____
_____ Use _____	SF _____
_____ Use _____	SF _____

FRONT SETBACK *For Residential Only*

New construction or addition to the exterior of existing structure:
Averaged front setback of all properties within 100 feet is: _____
For questions about setbacks, contact Moe Ayoub at 734-467-3219 or mayoub@cityofwestland.com

DESCRIPTION OF WORK _____

VALUE OF WORK *Includes Mechanical, Electrical, Plumbing and Labor* \$ _____

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

1. Workers Compensation Carrier: _____
2. Tax ID# _____ 3. MESC # /Unemployment Agency # _____ 4. 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.

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

Signature: _____ Date: _____

Print Name of Signature and Title: _____

Company Name: _____

I, OWNER, or person acting as 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 as a result of any activity under the permit.

*Signature: _____

Print Name of Signature: _____

*If Owner's signature is by Contractor or its representative, Contractor warrants and represents that it is an authorized agent for 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.)

OFFICE USE ONLY

ZONING NOTES	FEES
Zoning: _____	Building Permit _____
Use: _____	Right of Way/Engineering _____
Front Yard _____ Side _____	Plan Review _____
Rear _____ Side _____	Administrative Fee _____
Notes: _____	TOTAL _____

BUILDING NOTES

Use: _____ Construction Type: _____

Notes: _____

Approval: _____ Date: _____

You must submit 2 (two) hard copies of the drawings, or, 1 (one) hard copy and PDF.

