

Grand Haven Department of Public Safety

Building and Code Division 525 Washington Avenue, Grand Haven, MI 49417 Phone: (616) 842-3460 Website: www.grandhaven.org



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 Date								
Parcel #								
II. Owner Or Lessee								
Owner Name	Business Na	siness 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								
Contractor	Business Na	Business Name Business Address						
City		State		Email	mail			
Phone Cell			Fax					
State License #		Expiration Date	e					
V. Plan Review Required						ľ		
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					
Address			Phone			Email		

Complete Application on Back

VI. Project Descrip	otion						
A. Class of Work							
□ Residential □ Commercial □ Industrial □ Other							
B. Type of Improvement							
□ New Building □ Addition □ Alteration □ Repair/Replace □ Demolition □ Relocation □ Foundation Only □ Change of Use							
C. Proposed Use (Check all that apply)							
Assembly	Mercantile						
□ Theatre	□ Retail Sales	□ Moderate Hazard	☐ Group Home	□ Hotel/Motel	□ Parking Garage		
□ Night Club	□ Utility	□ Low Hazard	□ Hospital	□ Multi-family	□ Carport		
□ Restaurant	☐ Accessory Structure	☐ High Hazard	□ Jail	,	☐ Motor Fuel Service		
□ Church	Storage	0	☐ Res Care Facility		□ Repair Garage		
□ Other Assembly	☐ Moderate Hazard				□ Public Utility		
□ Business	☐ Low Hazard				□ HPM		
	ork (include all interior	and exterior work)	l	l			
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		are jer jee mjermaarem r		jee iiiii se enargea j	or an projector		
iotal value of project. 3							
F. Structural Frame							
□ Steel □ Masonry	□ Concrete □ Woo	d 🗆 Other					
G. Exterior Walls							
□ Steel □ Masonry	□ Concrete □ Woo	d 🗆 Other					
Are any structural a	ssemblies fabricated o	ff site? YES N	O If so, describe:				
H. Dimensional Data							
Street Frontage (Feet) Stories (Number) 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)							
Right Setback (Feet)	1	, , ,					
		Garages (Number) Basement Area (Sq.Ft.) Windows (Number) Garage Area (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 zoning/land use review is required. Separate fees will be assessed for a						
	and floor plans may be required to demonstrate compliance with the					
	Zoning Ordinance. Some improvements may also require approval by the Planning Commission. Any work in the City right-of-					
_ · · · · · · · · · · · · · · · · · · ·	he Department of Public Works. An inspection may also be required.					
1. Proposed Improvements:	1 , ,					
•	ng Lot or Driveway Retaining Wall(s) Change of Use					
□ Building Footprint Expansion □ Building Heigh						
Building Footprint Expansion E Building Height	The more as a second parameter of the second parameter and the second parameter as a sec					
2. Sensitive Areas Overlay Review: Projects in the Sens	itive Areas Overlay District may require a separate application and fee.					
1						
The Michigan Department of Environment, Great Lakes & Energy (EGLE) may also require a separate permit. □ Critical Dune Area □ Wetland □ Floodplain □ Other						
	plain 🗆 Other					
3. Work in City Right-of-Way:	Development of Dublic IVI allowed (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 al	pandoned for a period of six months after the time of commencing the					
work. A permit may be cancelled when no inspections ar	re requested and conducted within 180 days of the date of issuance or					
the date of a previous inspection. Cancelled permits cannot						
	for arranging all required inspection until the permit is finalized. Call at					
least 24 hours in advance to schedule an inspection and ir						
least 24 flours in advance to schedule all inspection and in	icidde job location and permit number.					
Puilding Data (to be completed by local governing a	gongyl					
	Building Data (to be completed by local governing agency)					
Use of Building	Type of Construction					
Change of Use To	Use Group					
Change of ose to	ose Group					
Maximum Occupancy Load	Size of Building (Total Sq. Ft.)					
Waximum Occupancy Load	Size of Building (Total Sq. 11.)					
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					
Zoning District information	1 G/ ZB/1 Cuse					
Zoning/Land Use Approval Signature	Date Approved					
Loring, Laria ose Approvar signature	Sate Approved					
Notes/Stipulations						
Building Permit Approval (to be completed by local of	roverning agency					
Building Permit Approval (to be completed by local governing agency)						
	Kequirea inspections					
Required Inspections	Nahaa/Chiaylahiana					
Required Inspections						
Required Inspections Notes/Stipulations	Accessed for travers 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 Bu	uilding							
Address:								
City:				State:			Zip:	
II. Applicant Info	ormation							
Applicant Name:								
Address:			City:			State:	Zip:	
Phone:		Cell:	1			Fax:		
III. Materials and	d Work Subject to Specia	al Inspection	n (check	all tha	t apply)			
	A. Steel Fabrication Is fabricator ASIC Certified? Yes No						Yes □ No	
	B. Steel Erection (bolt	s, nuts, wa	shers, ma	iterial,	welding, cutting,	etc.)		
	c. Masonry Construct mortar and grout; cond	-	-	-	-	-		
	D. Concrete (material cold and/or hot protect		size, loca	ation a	nd spacing of reir	nforcement; place	ement techniques;	
	E. Precast Concrete (must have a quality control program administered by an approved agency)							
	F. Precast Concrete Erection (compliance with erection drawings; cutting; etc.)							
	G. Wood Fabrication (trusses, lam beam, micro lams, I-joists, etc.)							
	H. Other:							
Report Requirements: Special inspectors shall keep records of all inspections. The special inspector shall furnish inspection reports to the code official, and the registered design professional of record. All discrepancies shall be brought to the immediate attention of the contractor for correction. If the discrepancies are not corrected, the discrepancies shall be brought to the attention of the code official and the registered design professional of record.								
Unless otherwise specified by the Code Official:								
*Special inspection reports shall be delivered to the code official before covering or concealing structural elements.								
*A final report of inspections documenting completion of all required special inspections and corrections of any								
discrepancies noted in the inspections shall be submitted prior to the issuance of a Certificate of Occupancy. IV. Special Inspection Information								
A. STEEL 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):								

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:					