

**Application for Plan Examination**

**City of Allen Park**

16850 Southfield Rd.

Allen Park, Mi. 48101

(313) 928-4442

fax (313) 928-1764

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_

New Building    Addition    Dormer    Interior Remodel    Other

Building Use: \_\_\_\_\_ Construction Type: \_\_\_\_\_

Size/Area: \_\_\_\_\_ No. of Floors: \_\_\_\_\_ Occupant Load: \_\_\_\_\_

Project Scope: \_\_\_\_\_

- Plan Review**
- Building    Footing/Foundation    Electrical
  - Mechanical    Plumbing    Fire Suppression
  - Other

**Building Owner**

Name (Company) \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Project Architect/Engineer**

Name (Company) \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Michigan License Number: \_\_\_\_\_

**Applicant**

Name of Company: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Fax Number: \_\_\_\_\_

The City of Allen Park will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing etc. under the Americans with Disabilities Act you may make your needs known to this agency.