



# City of Allen Park

## BUILDING DEPARTMENT

15915 SOUTHFIELD ROAD  
ALLEN PARK, MICHIGAN 48101-2599  
PHONE: 313-928-4441 FAX: 313-928-1764  
www.cityofallenpark.org

## Building Permit Application

**All sections of application MUST be completed before review and approval**

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

### Project Information

Project Name: \_\_\_\_\_ Address: \_\_\_\_\_

### Owner or Lessee

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### Architect/Engineer

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Contractor       Homeowner       Business Owner

### Contractor

Business Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Builders License Number: \_\_\_\_\_

Federal Employer ID # or Reason for Exemption: \_\_\_\_\_

Workers Comp. Ins. Carrier or Reason for Exemption: \_\_\_\_\_

MESC Employer Number or Reason for Exemption: \_\_\_\_\_

### Type of Improvement

New Building     Alteration     Demolition     Foundation     Replacement  
 Addition         Remodel        Repair         Manufactured     Special Inspection

**Plan Review Required:** Plans must be submitted with an application for Plan Examination and the appropriate fee paid before a permit can be issued, except as below:

- 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.

**Residential**

- Single Family     Attached Garage     Detached Garage     Porch     Deck
- Two Family     Apartments     Condos     Pool     Other

**Describe type of work being done:** \_\_\_\_\_

**Non-Residential**

- Amusement     Church     Industrial     Parking Garage     Tower     Service Station
- Hospital     School     Restaurant     Retail     Public     Warehouse
- Utility     General Office     Other

**Non-residential** – Describe in detail type of work being done. If the use of an existing building is being changed enter proposed use: \_\_\_\_\_

**Applicant Information** – Applicant is responsible for payment of all fees and charges applicable to this application and must provide the following information.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Federal ID Number: \_\_\_\_\_

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 subject to civil fines.**

**A permit will be cancelled when no inspections are requested and conducted within six months of the date of issuance or the date of a previous inspection. Cancelled permits cannot be refunded or reinstated.**

**Signature of Applicant:** \_\_\_\_\_ **Cement Cost: \$** \_\_\_\_\_

**Const. Cost: \$** \_\_\_\_\_

**Minimum \$85 Permit Fee. Includes \$50 base fee and two inspections. An additional fee will be required for more than 2 inspections.**

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**Office Use Only**  
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**Variance Granted:** \_\_\_\_\_ **Plan Review Fee: \$** \_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Approval Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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.

**Please enclose a SASE if you would like your permit returned to you**