



CITY OF HAMTRAMCK

3401 EVALINE
HAMTRAMCK, MI 48212
(313) 800-5233 Ext. 814

OFFICE USE ONLY

Permit # _____

Issue Date: _____

Issued By: _____

BUILDING PERMIT APPLICATION

ALL BLANKS MUST BE FILLED IN – INCOMPLETE APPLICATION WILL NOT BE PROCESSED

PROPERTY/SITE ADDRESS INFORMATION:

STREET NUMBER: _____ STREET NAME: _____

APPLICANT INFORMATION: CONTRACTOR HOMEOWNER

NAME: _____

ADDRESS: _____ CITY _____

ZIPCODE: _____

PHONE NUMBER: _____

EMAIL: _____

CONTRACTOR LICENSE NUMBER: _____ EXP. DATE: _____

IF THE PROPERTY OWNER IS THE SAME AS APPLICATE, PLEASE CHECK THIS BOX

PROPERTY OWNER NAME:

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

DRIVER'S LICENSE NUMBER: _____ DATE OF BIRTH: _____

নথিপত্র বা দলিল পত্র গুলি সম্পূর্ণ করতে বা বোঝার জন্য অনুবাদ পরিষেবার দরকার হলে অনুরোধ করতে বিভাগীয় প্রধানের সাথে যোগাযোগ করুন।

إذا كانت هناك حاجة إلى خدمة الترجمة لأكمال المستندات أو فهمها، الرجاء التواصل بإدارة القسم لطلب المساعدة

FILL IN ONE OF THE NEXT TWO BOXES BELOW COMPLETELY DEPENDING ON THE TYPE OF CONSTRUCTION

ALL RESIDENTIAL "ONE AND TWO FAMILY" CONSTRUCTION: (NEW/REMODEL/ADDITIONS)

CONSTRUCTION COST: \$ _____ (INCLUDE ALL COSTS INCLUDING DRIVWEWAYS ECT. BUT NO LAND VALUE)

SQUARE FOOTAGE: _____ (INCLUDE ALL HABITABLE AREA ON ALL FLOORS INCUDING ALL FINISHED BASEMENT AREA AND BONUS ROOMS)

No. BEDROOMS: _____ No. BATHROOMS: FULL _____ HALF: _____ No. STORIES _____

WATER/SEWR UTILITIES NEW _____ EXISTING _____

FINISH FLOOR ELEVATION: _____ FINISH GRADE ELEVATION: _____

ALL OTHER CONSTRUCTION: COMMERCIAL/INDUSTRIAL/MULTI FAMILY:

CONSTRUCTION COST: \$ _____ (INCLUDE ALL COSTS EXVEPT FIXTURES AND SITE IMPROVEMENTS)

SQUARE FOOTAGE: _____ (TOTAL AREA USING OUTSIDE DIMENSIONS)

MBC USE GROUP(S): _____ MBC CONSTRUCTION TYPE: _____

SPRINKLER SYSTEM TYPE: _____ MEZZANINE: () YES () NO IF YES, ARE IS

SPECIFIC USE(S) OF STRUCTURE: _____ No. OF FIRE AREAS: _____

HAS KNOX BOX BEEN ORDERED?

() YES () NO IS SPECIAL INSEPCTION LEST ATTACHED? () YES () NO

ALL SUBMISSIONS MUST INCLUDE TWO COPIES OF THE CONSTRUCTION DOCUMENTS. ONE COPY MUST BE A FULL-SIZE COPY (24X36 MAXIMUM) TO SCALE THE OTHER MUST BE NO LARGER THEN 11 X 17 INCHES. ALL REDUCED COPIES MUST BE FULY LEGIBLE. REVERSED TEXT DRAWINGS WILL NOT BE ACCEPTED.

PER HAMTRAMCK CITY ORDINANCE 21-01, CHAPTER 121, §121.003, THE CITY OF HAMTRAMCK IS NOT ACCEPTING APPLICATION FOR ANY NEW MARIJUANA RELATED BUSINESS.

DESCRIBE IN DETAIL THE SCOPE OF THE WORK:

PERMIT ARE NOT TRANSFERABLE AS TO PERSON OR PLACE AND ARE NOT REFUNDABLE, ISSUANCE OF A PERMIT DOES NOT GUARANTEE COMPLIANCE WITH ANE BUILDING OR OTHER CODE. HOMEOWNER MUST COMPLETE WORK THEMSELVES OR HIRE LICENSED CONTRACTORS. COMPLETED WORK MUST BE INSPECTED IMMEDIATELY. **THE APPLICANT SHALL BE RESPONSIBLE FOR OBTAINING PERMITS AND INSPECTIONS AND PAYMENT OF FEES. IF WORK IS STARTED BEFORE A PERMIT IS ISSUED AN ADDITIONAL INVESTIGATIVE FEE WILL BE ASSESSED.**

SECTION 23a OF THE STATE CONSTRUCTION CODE ACT OF 1972, ACT 230 OF THE PUBLIC ACTS OF 1972, BEING SECTION 125.15321 OF THE MICHIGAN COMPLIED LAWS, PROHIBITS A PERSON FROM CONSPIRING TO CIRCUMVENT THE LICENSING REQUIREMENTS OF THE STATE RELATING TO PERSONS WHO ARE TO PERFORM WORK ON A RESIDENTIAL STRUCTURE. VIOLATIONS OF SECTION 23a ARE SUBJECT TO CIVIL FINES.

APPLICANT IS HEREBY NOTIFIED THAT THIS BUILDING PERMIT APPLICATION, AND SUBSEQUENT INSPECITONS AND APPROVALS, ARE STRICTLY LIMITED TO THE ENFORCEMENT OF STATE AND LOCAL BUILDING CODE REQUIREMENTS. THE ISSIANCE OF A BUILDING PERMIT, OR FINAL APPROVAL OF THE WORK COMPLETE PURSUANT TO THE PERMIT, DOES NOT CONSTITUTE APPROVAL OF ANY OTHER CITY, COUNTY, STATE OR FEDERAL LICENSE OR PERMIT THAT IS REQUIRED FOR THE APPLICANT TO USE THE BUILDING AS DESIRED. NEITHER ISSUANCE OF THE BUILDING PERMIT OR FINAL APPROVAL OF THE WORK COMPLETED ON THE STRUCTURE CREATES ANY VESTED RIGHT TO ANY PARTICULAR USE OF THE BUILDING. THE APPLICANT AGREES THAT IT IS PERFORMING THE WORK PURSUANT TO THIS APPLICATION AT ITS OWN RISK AND WITHOUT ANY ASSURANCE THAT IT WILL BE GRANTED ALL OTHER APPROVALS AND LICENSES, WHETHER CITY, COUNTY, STATE OR FEDERAL, THAT ARE REQUIRED TO USE THE PROPERTY AS THE APPLICANT DESIRES. APPLICANT IS EXPENDING FUNDS UNDER THIS PERMIT PRIOR TO OBTAINING ALL REQUIRED LICENSES, PERMITS AND APPROVALS AT ITS OWN RISK.

I HAVE READ AND UNDERSTOOD THE CONDITIONS LISTED ABOVE.

APPLICANT /PROPERTY OWNER SIGNATURE

DATE

IF THE APPLICANT IS **NOT** THE OWNER, THE AFFIDAVIT BELOW MUST BE COMPLETED BY THE APPLICANT. PROVIDE A COPY OF THE SIGNED CONTRACT. RESIDENTIAL CONTRACTS MUST BE IN THE NAME SHOWN ON THE RESIDENTIAL BUILDER'S OR MAINTENANCE AND ALTERATION CONTRACTOR'S LICENSE.

NON-OWNER APPLICANT AFFIDAVIT

I, _____ HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER
NAME OF APPLICANT
OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER, _____ OF
PRINTED OWNER(S) NAMES
_____ TO ACT AS HIS/HER/THEIR AUTHORIZED AGENT FOR THE PURPOSE OF
OWNER'S ADDRESS
APPLYING FOR, AND OBTAINING, THE PERMIT HEREIN REQUIRED. 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.

APPLICANT'S SIGNATURE

DATE

OFFICE USE ONLY:

APPROVED BY

DATE

APPROVED NOT APPROVED