



CITY OF WESTLAND

DEPARTMENT OF BUILDING

36300 Warren Ave • (734) 467-3210 • FAX (734) 422-1218

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

“ MUST BE FILLED OUT IN INK”

IMPORTANT - Applicant to complete all items in sections 1, 2, 3, 4, 5, 6

APPLICATION DATE	IS OWNER APPLICANT? <input type="checkbox"/> YES <input type="checkbox"/> NO	APPLICATION NUMBER	PERMIT NUMBER
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1. PROPERTY INFORMATION

STREET ADDRESS	APT.	ZIP	PARCEL I.D. NUMBER	ZONING
SUBDIVISION	LOT NUMBER	BLOCK	PARCEL TYPE <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OTHER	

2. OWNER INFORMATION

LAST NAME OR BUSINESS NAME	FIRST NAME	PHONE NUMBER
STREET ADDRESS	CITY	STATE ZIP

3. BUILDING AND PROPERTY CHARACTERISTICS

A. STRUCTURES	B. BUILDING UNITS	C. HEIGHT	D. CONSTRUCTION TYPE
E. RESIDENTIAL <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> MULTIPLE FAMILY <input type="checkbox"/> CONDOMINIUMS <input type="checkbox"/> HOTEL/MOTEL <input type="checkbox"/> STORAGE/ACCESSORY <input type="checkbox"/> GARAGES <input type="checkbox"/> MISC./OTHER/SPECIFY <hr/> <hr/> <hr/> <hr/>	F. NONRESIDENTIAL <input type="checkbox"/> PUBLIC BUILDINGS <input type="checkbox"/> ASSEMBLY <input type="checkbox"/> SCHOOLS <input type="checkbox"/> CHURCH <input type="checkbox"/> SIGNS (SQ. FT.) <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> BUSINESS <input type="checkbox"/> THEATERS WITH STAGE <input type="checkbox"/> NIGHT CLUBS <input type="checkbox"/> RESTAURANT <input type="checkbox"/> INDUSTRIAL/FACTORY/MODERATE <input type="checkbox"/> INDUSTRIAL/FACTORY/LOW <input type="checkbox"/> INDUSTRIAL/FACTORY/HIGH <input type="checkbox"/> MERCANTILE <input type="checkbox"/> INSTITUTIONAL/SUPERVISED <input type="checkbox"/> INSTITUTIONAL/INCAPACITATED <input type="checkbox"/> MISCELLANEOUS/OTHER/SPECIFY <input type="checkbox"/> _____ <hr/> <hr/> <hr/> <hr/>	G. TYPE OF IMPROVEMENT <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ALTERATION <input type="checkbox"/> ADDITION <input type="checkbox"/> MOVE STRUCTURES <input type="checkbox"/> DEMOLITION <input type="checkbox"/> REPAIR <input type="checkbox"/> SWIMMING POOL <input type="checkbox"/> GARAGE <input type="checkbox"/> ACCESSORY STRUCTURE	I. COST OF IMPROVEMENT \$ _____ <div style="text-align: center;">(OMIT CENTS)</div>
H. DESCRIBE IN DETAIL WORK TO BE DONE <hr/> <hr/> <hr/> <hr/>			

4. SELECTED CHARACTERISTICS OF BUILDING

STREET FRONTAGE (Feet)	EXISTING RESIDENTIAL UNITS (Number)	SIZE OF ADD. OR STRUCTURE
REAR FRONTAGE (Feet)	STORIES (Number)	BUILDING AREA (Sq. Ft.)
FRONT SETBACK FROM PROPERTY LINE	BED ROOMS (Number)	LIVING AREA (Sq. Ft.)
REAR SETBACK FROM PROPERTY LINE	FULL BATHS (Number)	BASEMENT AREA (Sq. Ft.)
LEFT SETBACK FROM PROPERTY LINE	PARTIAL BATHS (Number)	GARAGE AREA (Sq. Ft.)
RIGHT SETBACK FROM PROPERTY LINE	GARAGES (Number)	OFFICE/SALES (Sq. Ft.)
HEIGHT ABOVE GRADE (Feet)	FIREPLACES (Number)	SERVICE (Sq. Ft.)
NEW RESIDENTIAL UNITS (Number)	LOT AREA (Sq. Ft.)	LOT AREA (Sq. Ft.)

STRUCTURE

STEEL CONCRETE OTHER (Identify) _____
 MASONRY WOOD

EXTERIOR WALLS

STEEL CONCRETE OTHER (Identify) _____
 MASONRY WOOD

5. IDENTIFICATION

(To be completed by all applicants)

NAME	ADDRESS (Number, Street, City & State)	ZIP CODE	TELEPHONE #
Owner or Lessee			
Contractor			
		BUILDER LIC. #	
Architect/Engineer			

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 authorized agent and we agree to conform to all applicable laws of this jurisdiction.

SIGNATURE OF APPLICANT	MAILING ADDRESS (Number, Street, City & State, Zip)	APPLICATION DATE
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“ SECTION 23a OF THE STATE CONSTRUCTION CODES ACT OF 1972, ACT NO. 230 OF PUBLIC ACTS OF 1972, BEING SECTION 125. 1523a OF THE MICHIGAN COMPILED LAWS, PROHIBITS A PERSON FROM CONSPIRING TO CIRCUMVENT THE LICENSING REQUIREMENTS OF THIS STATE RELATING TO PERSONS WHO PERFORM WORK ON RESIDENTIAL BUILDING OR A RESIDENTIAL STRUCTURE. VIOLATORS OF SECTION 23a ARE SUBJECTED TO CIVIL FINES.”

Federal Employer ID Number or Reason for Exemption	
Workers Comp. Insurance Carrier or Reason For Exemption	
MESC Employer Number or Reason for Exemption	

6. SITE OR PLOT PLAN

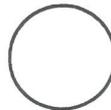
(For Applicant Use)

JOB LOCATION: _____

LEGAL DESCRIPTION: _____

TYPE OF CONSTRUCTION: _____

INDICATE DIRECTION OF NORTH WITHIN THE CIRCLE:



Scale = 1 inch = 25 Feet

