

Accessory building (over 200 sq. ft.)

City of Walled Lake 1499 E. West Maple 248-624-4847 Fax 248 624-1616

For Department Use Only				
Date Received				
Number of plan sets received				

DATE	JOB ADDRESS	Estimated Construction Value	2
1. Owner's Information			
Name	Address		
		e Phone	
Email	address for expedited plan re	:**	
<u>-</u>	<u> </u>	view results ·	
2. Contractor's Informati	ion		
Name	Address		
City	MI, Zip Code	Phone #	
Builder's License Number_	Federal Er	mployer ID/Exemption	
Worker's Compensation In	surance Carrier or reason for exer	nption	
MESC Employer Number o	r reason for exemptions		
Email		Fax #	
Please provide e-mail	address for expedited plan re	view results	
3. Proposed Project –	Construction Type	Use Group	
Cinale Family	Donales - Adulti femilie	Communication I to describe	
	<u>—</u>	☐ Commercial ☐ Industrial	
<u>-</u>	Knox Box installed?		
Please Note: NO commerc	cial permits will be approved unless a	Knox Box is present at the property	
4. Garage (3 sets of plan	s required)		
☐ Attached ☐ Detach	ned Width	feet X Length	feet
	Height (ground to peak)	feet Wall height	feet
5 5 11 11 6			
	rcial Repair or Alternations	d: Commercial 5 sets of plans required)	
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Width _____ feet X Length ____ feet

NOTE: THESE FEES ARE FOR THE BUILDING DEPARTMENT ONLY. If you are doing electrical, mechanical, or plumbing work, you will need to apply for the appropriate permit(s) and plan examination(s).

1. Plan examination fee: REQUIRED for most permits.

Plan Examination (Review) Fees		
Minimum Fee	\$35	\$35
Hourly rate after first hour	\$75	
"*" Below indicates required plan review		
Determined by Building Dept.		
	Review Fee Total	

2. Permits including new construction, additions, accessory structures, interior / exterior alterations and all other permit fees to be based on the most current Bureau of Construction Codes <u>Square Foot</u> <u>Construction Cost Table</u> and utilizing the pricing table recommended by the Construction Code Commission:

Residential & Commercial Permit Fee Table				
to \$1K	\$75			
\$1K - \$10K	\$75 + \$10/\$1K over \$1K			
\$10K - \$100K	\$165 + \$3/\$1K over \$10K			
\$100K - \$500K	\$435 + \$2/\$1K over \$100K			
over \$500K	\$1,235 + \$3/\$1K over \$500K			

3. Specific Permit Fees

Specific Permit Fees		Total
Application Fee	\$50	\$50
Contractor Registration Fee	\$25	
Replacement Windows	\$60	
Replacement Doors	\$60	
Tear Off or Re-Roof: Res/Com	\$60/\$120 per roof section	
*Decks & Porches (over 200 Sq. Ft.)	\$120	
Siding (*Flashing inspection required)	\$60	
Demolition	\$120+.07/sq ft	
*Pools	\$120	
Special/Addtl/Re-inspection	\$50	
Safety Inspection	\$125	
*Manufactured (Mobile) Housing	\$120	
*Temporary Buildings	\$120	
*Work not involving Sq Ft Computation	\$60	
	Specific Permit Fee TOTAL	
TOTAL PERMIT FEE		

City of Walled Lake, Department of Planning and Development Building Permit and Worksheet

4. ADDITIONAL INFORMATION:

- 1. All information must be correct, complete, and legible.
- 2. Include copy of mortgage survey or plot plan for any addition, garage, shed, pool, deck or any structure.
- 3. Separate permits are required for electrical, mechanical, and plumbing.
- 4. No work may be started before the approval of this permit. Penalty for work done prior to the issuance of a permit shall double the permit fee.
- 5. 24 Hours notice is required for inspections
- 6. Stamped Approved plans shall be on site in a readily available and observable location for the inspector to use. If plans are not available inspection will be denied

PERMIT IS VALID FOR 6 MONTHS.

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 City of Walled Lake and 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, P.A. 230 of 1972, as amended, MCL 125.1523A, prohibits a person from conspiring to circumvent the licensing requirement of this State relating in persons who are to perform work on a

Applicant's Signature (Signature of Licensee or Homeowner*)

Date
(If applicant is NOT property owner, than the property owner must sign this application as well)

Property Owner

Date

Homeowner Affidavit *

I hereby certify the work described on this permit application shall be installed by myself in my own home in which I am living or about to occupy. All work shall be installed in accordance with the State Building Code and shall not be enclosed, covered up or put into operation until it has been inspected and approved by the building inspector. I will cooperate with the building inspector and assume the responsibility to arrange for necessary inspections.

Do not write below this line

Per all City Codes and Ordinances; the adopted Michigan Residential Code, and the adopted Michigan Building Code.

Zoning Review Approved by _____ Date_____

Approved by ______ Date____