

Accessory building (over 200 sq. ft.)

City of Walled Lake 1499 E. West Maple Walled Lake, MI 48390 248-624-4847 Fax 248 624-1616

For Department Use Only
Date Received
Number of plan sets received

BUILDING PERMIT APPLICATION					
DATEJOB ADDR	RESS	Estimated Construction Value_			
1. Owner's Information					
Name	Address				
City	MI, Zip Code	Phone			
Email	·	1. 44			
Please provide e-mail address	for expedited plan review	results			
Contractor's Information					
Name	Address				
City	MI, Zip Code	Phone #			
Builder's License Number	Federal Emplo	yer ID/Exemption			
Worker's Compensation Insurance C	Carrier or reason for exempti	on			
MESC Employer Number or reason f	or exemptions				
Email		Fax #			
Please provide e-mail address	for expedited plan review	results			
3. Proposed Project – Constr	uction Type	Use Group			
☐ Single Family ☐ Duplex ☐ Multi-family ☐ Commercial ☐ Industrial If commercial, is there a Knox Box installed? ☐ Yes ☐ No **Please Note: NO commercial permits will be approved unless a Knox Box is present at the property**					
If commercial, is there a Knox Box i	installed?	<u> </u>			
If commercial, is there a Knox Box i	installed?	<u> </u>			
If commercial, is there a Knox Box i **Please Note: NO commercial permit 4. Garage (3 sets of plans required	installed?	<u> </u>	feet		
If commercial, is there a Knox Box i **Please Note: NO commercial permit 4. Garage (3 sets of plans required Attached Detached Widt	installed?	ox Box is present at the property**			
If commercial, is there a Knox Box i **Please Note: NO commercial permit 4. Garage (3 sets of plans required Attached Detached Widt Heig 5. Residential or Commercial Repa	installed?	to Box is present at the property** feet X Length			
If commercial, is there a Knox Box i **Please Note: NO commercial permit 4. Garage (3 sets of plans required Attached Detached Widt Heig 5. Residential or Commercial Repa	installed?	feet Wall height	feet		
If commercial, is there a Knox Box i **Please Note: NO commercial permit 4. Garage (3 sets of plans required Attached Detached Widt Heig 5. Residential or Commercial Repa	installed?	feet X Lengthfeet Wall heightfeets of plans required)	feet		
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If commercial, is there a Knox Box i **Please Note: NO commercial permit 4. Garage (3 sets of plans required Attached Detached Width Heig 5. Residential or Commercial Reparation (Residential) Describe work:	installed? Yes Nos will be approved unless a Knood) th air or Alternations al 3 sets of plans required; C	feet X Lengthfeet Wall heightommercial 5 sets of plans required)	feet		

 $\mathsf{Width}\,\underline{\qquad}\,\mathsf{feet}\;X\;\,\mathsf{Length}\,\underline{\qquad}\,\mathsf{feet}$

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		Total
Minimum Fee	\$35	\$35
Hourly rate after first hour	\$75	
	Review Fee Total	\$35

 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 *Tear off requires open roof inspection and final	\$60/\$120 per roof section	
inspection		
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*)

Applicant is NOT property owner, then 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

Date

Approved by ______ Date____