

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**

DATE	JOB ADDRESS	Estimated Construction Value			
1. Owner's Information	)				
Name	Address				
City	Address MI, Zip Code	Phone			
Email					
**Please provide e-m	ail address for expedited plan review re	sults**			
2. Contractor's Inform	ation				
Name	Address				
City	MI, Zip Code	Phone #			
Builder's License Numbe	er Federal Employer	ID/Exemption			
Worker's Compensation	Insurance Carrier or reason for exemption _				
MESC Employer Numbe	r or reason for exemptions				
Email		Fax #			
**Please provide e-mail address for expedited plan review results**					
3. Proposed Project	Construction Type	Use Group			
🗔 Single Femily 🗖					
🗌 Single Family 🔄 Duplex 🔄 Multi-family 🔄 Commercial 📋 Industrial					
— —	- – –	nmercial 🗌 Industrial			
If commercial, is there a	a Knox Box installed? 🗌 Yes 🗌 No	_			
If commercial, is there a **Please Note: NO comm	a Knox Box installed?  Yes No Percial permits will be approved unless a Knox Bo	_			
If commercial, is there a	a Knox Box installed?  Yes No Percial permits will be approved unless a Knox Bo	_			
If commercial, is there a <u>**Please Note: NO comm</u> 4. Garage (3 sets of pl	a Knox Box installed?  Yes No Percial permits will be approved unless a Knox Bo	ox is present at the property**	feet		
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If commercial, is there a <u>**Please Note: NO comm</u> 4. Garage (3 sets of pl Attached Deta	a Knox Box installed? Yes No <u>vercial permits will be approved unless a Knox Bo</u> ans required) ached Width Height (ground to peak)	 feet X			
If commercial, is there as **Please Note: NO comm         4. Garage (3 sets of plane)         □ Attached □ Deta         5. Residential or Comm	a Knox Box installed?	feet X Lengthfeet Wall height			
If commercial, is there a <u>**Please Note: NO comm</u> 4. Garage (3 sets of plane) Attached Deta 5. Residential or Comm (Residential 3 sets of plane)	a Knox Box installed? Yes No <u>vercial permits will be approved unless a Knox Bo</u> ans required) ached Width Height (ground to peak) mercial Repair or Alternations lans required; Commercial 3 sets of paper pl				
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Accessory building (over 200 sq. ft.) 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 permits. Plan review escrow may be required.

Plan Examination (Review) Fees		Total
Minimum Fee (initial)	\$35	\$35
Plan review escrow required	TBD	\$
	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. Construction cash escrow may be required for project.

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 inspection	\$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		
Manufactured (Mobile) Housing \$120		
Temporary Buildings \$120		
Work not involving Sq Ft Computation	\$60	
Finance Department construction cash escrow required		\$
TOTAL PERMIT FEE	Specific Permit Fee TOTAL	\$

## 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
  - 7. Commercial/Industrial plans must be provided in an electronic version and paper copy

## 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 residential building or a residential structure. Violators of Section 23a are subject to civil fines.

Applicant's Signature (Signature of Licensee or Homeowner*)	Date
(If applicant is NOT property owner, then the property owner must sign this app	lication as well)

Property Owner

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

Date