

# CITY OF MILAN

147 Wabash St. Milan, MI 48160

Phone: 734-439-7089 / Fax: 734-439-3925

Office Hours: Monday – Friday 8:00 a.m. – 4:00 p.m.

**NOTE: Separate Applications Must Be Completed for Plumbing, Mechanical & Electrical Permits**

<b>BUILDING PERMIT APPLICATION</b>				
<b>JOB LOCATION:</b>		<b>ZONING DISTRICT:</b>		
<b>PROPERTY OWNER OR LESSEE:</b>				
Name:		Address:		
City:	State:	Zip:	Phone:	
Proof of ownership <b>OR</b> Statement if applicant is not owner is attached. <input type="checkbox"/>				
<b>CONTRACTOR:</b>				
Name:		Address:		
City:	State:	Zip:	Phone:	
State License Number:		Expiration Date:		
Fed. Employer ID:	MESC #:		Workers Comp Carrier:	
<b>ARCHITECT OR ENGINEER:</b>				
Name:		Address:		
City:	State:	Zip:	Phone:	
State License Number:		Expiration Date:		
<b>BUILDING INFORMATION:</b>				
<b>PROPOSED USE OF BUILDING AND TYPE OF IMPROVEMENT</b>				
<input type="checkbox"/> RESIDENTIAL		<input type="checkbox"/> NON-RESIDENTIAL		
<input type="checkbox"/> Single Family <input type="checkbox"/> Addition <input type="checkbox"/> Garage <input type="checkbox"/> Deck/Porch <input type="checkbox"/> Pole Barn/Shed	<input type="checkbox"/> 2 or more family No. of Units _____ <input type="checkbox"/> Hotel/Motel No. of Units _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Industrial <input type="checkbox"/> Mercantile/Store <input type="checkbox"/> Public Utility	<input type="checkbox"/> Office <input type="checkbox"/> Service Station <input type="checkbox"/> Hospital	<input type="checkbox"/> Church <input type="checkbox"/> School/Library <input type="checkbox"/> Amusement <input type="checkbox"/> Other _____ _____
<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Mobile Home <input type="checkbox"/> Foundation Only <input type="checkbox"/> Relocation <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Demolition <input type="checkbox"/> Pre-manufacture <input type="checkbox"/> Other _____				
<b>Est. Start Date</b> _____ <b>Est. Value \$</b> _____ <b>Construction Cost \$</b> _____				

**NEW CONSTRUCTION ONLY: BUILDING CHARACTERISTICS**

PRINCIPAL TYPE OF FRAME	PRINCIPAL TYPE OF HEATING FUEL	TYPE OF MECHANICAL
<input type="checkbox"/> Wood Frame <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Structural Steel <input type="checkbox"/> Other _____	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil <input type="checkbox"/> Propane <input type="checkbox"/> Electricity <input type="checkbox"/> Other _____	Air Conditioning <input type="checkbox"/> Yes <input type="checkbox"/> No Fire Suppression <input type="checkbox"/> Yes <input type="checkbox"/> No

**DIMENSIONS:**

Floor Area: 1 <sup>st</sup> floor _____ 2 <sup>nd</sup> floor _____ Basement _____ <input type="checkbox"/> Slab <input type="checkbox"/> Crawl <input type="checkbox"/> Unfinished <input type="checkbox"/> Finished	Number of Stories _____ Number of Bedrooms _____ Number of Baths _____ Full _____ Half
Lot Size _____    Total land area (sq.ft.) _____	

**DESCRIPTION OF WORK: (detailed construction drawings must be submitted with this application)**

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**Required Inspections:**  Footings    Backfill/Foundation    Subsoil    Rough Frame    Flashing    Insulation    Final Inspections must be called in a minimum of 24 hours in advance.

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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 a residential building or a residential structure. Violators of Section 23a are subjected to civil fines.**

**CONTRACTOR – 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 STATE OF MICHIGAN. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name of Signature: \_\_\_\_\_  
Company Name: \_\_\_\_\_

**HOMEOWNERS AFFIDAVIT:** I hereby certify that I am the bona fide homeowner of the above property which is a single residence and not for rent. I am familiar with the provisions of the applicable ordinances and rules and hereby agree to make this installation and/or construction in conformance with the ordinance. I realize that in making this application, I assume the responsibility of a licensed contractor for the work mentioned in this permit. I agree to notify the Building Department within 48 hours after the work is completed so that the required inspection(s) can be made. For interior inspection, an adult (over 18) must be home at time of inspection. I further agree to keep all parts of this work exposed until accepted by the inspector.

Violation Penalties: Any person who violates the above terms shall be subject to fines per the City of Milan Civil Infraction Ordinance. I certify that I have received a copy of this affidavit and understand the terms.

\_\_\_\_\_  
Signature (Homeowners Only)

\_\_\_\_\_  
Printed Name and Address

\_\_\_\_\_  
Date

**Signature of Applicant:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

**Note: Administrative fee will be charged if permit is not obtained when required. Re-inspection fee to be paid prior to inspection.**

**Holder of this permit is responsible for keeping the street clean and free of debris during construction.**

**Hours for construction work are Monday through Saturday – 7:00 a.m. to 6:00 p.m.**

**FOR OFFICE USE ONLY:**

**Application Review Date:** \_\_\_\_\_ **Approved by:** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

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\_\_\_\_\_

**Zoning Compliance:**

Lot Area: \_\_\_\_\_ Lot Coverage (%) Allowed \_\_\_\_\_ Zoning District \_\_\_\_\_

Front Yard Set Back \_\_\_\_\_ Back Yard Set Back \_\_\_\_\_ Side Yard Set Back \_\_\_\_\_ Side Yard Set Back \_\_\_\_\_

Total Building Sq. Ft. \_\_\_\_\_ Percentage \_\_\_\_\_% Remaining Sq. Ft. Allowed \_\_\_\_\_

Zoning Board of Appeals: \_\_\_\_\_ Yes \_\_\_\_\_ No Board of Appeals Application No. \_\_\_\_\_

Variance Information: \_\_\_\_\_

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**SITE OR PLOT PLAN:**

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