

APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

Livingston County Department of Building and Safety Engineering

2300 East Grand River, Suite 104, Howell Michigan 48843-7580 Building@co.livingston.mi.us Phone: 517-546-3240

Tax Code No. / Parcel No. _____

Building Permit Number _____

I. PROJECT INFORMATION

Project Address

City

Village / Township

Zip

Direction to the jobsite (Be explicit)

Subdivision

Lot No.

II. IDENTIFICATION

Owner or Lessee's Name

Address

City

State

Zip

Phone

Email

Contractor

Same as Owner / Lessee Name

Same as Owner / Lessee Address

Name

Address

City

State

Zip

Phone

Email

Blds. License #

Exp. Date

Federal Employer Id

Workers Comp Insurance Carrier

III TYPE OF IMPROVEMENT									
Type of Improvement									
Residential						Commercial			
New Home	<input type="checkbox"/>	Addition	<input type="checkbox"/>	Mobile Home Set Up	<input type="checkbox"/>	New Building	<input type="checkbox"/>		
Deck	<input type="checkbox"/>	Demolition	<input type="checkbox"/>	Pre-manufactured	<input type="checkbox"/>	Addition	<input type="checkbox"/>		
Foundation Only	<input type="checkbox"/>	Relocation	<input type="checkbox"/>	Pool or Hot Tub	<input type="checkbox"/>	Tenant Build Out	<input type="checkbox"/>		
Garage	<input type="checkbox"/>	Sunroom	<input type="checkbox"/>			Repair	<input type="checkbox"/>		
Roof	<input type="checkbox"/>	Pole Barn	<input type="checkbox"/>			Remodel	<input type="checkbox"/>		
Other	<input type="checkbox"/>	Remodel	<input type="checkbox"/>			Sign	<input type="checkbox"/>		
Repair	<input type="checkbox"/>	Windows	<input type="checkbox"/>			Other			
Briefly Describe Other:									

IV. PROJECT DESCRIPTION -- DESCRIBE IN DETAIL THE SCOPE OF WORK

V. CHARACTERISTICS OF THE BUILDING
Principal Type of Frame: Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Other <input type="checkbox"/> (Describe):
A. Type of Sewage Disposal: Municipal <input type="checkbox"/> Private Septic <input type="checkbox"/> Community System <input type="checkbox"/>
B. Type of Water Supply : Municipal <input type="checkbox"/> Well <input type="checkbox"/>

Architect or Engineer if Applicable –Required for Commercial Work			
Name		Address	
City	State	Zip	Phone
Email			

VI. For COMMERCIAL PLAN REVIEW (ONLY) – Review Fee Due at Initial Application

For building up to 2.5 million, fee is .0015 of the project value.
 For a project value of \$2.5-\$5 million, fee is \$3750 = .0005 of valuation over \$2.5 million.
 For a building value of \$5 million, fee is \$5000 + .0004 of valuation over \$5 million.
 There is a \$75 minimum fee for commercial plan reviews.

Important Note: Initial fees for plan reviews are based on valuation estimates made by the applicant. For new spaces, the project valuations are based on the International Code Council Building Valuation Data and will be calculated during the plan review process and adjusted up or down accordingly.

ROUND TOTAL AMOUNT UP TO THE NEAREST DOLLAR \$75 MINIMUM

Project value up to \$50,000 = \$75

Project value > \$50,000 up to 2.5 million:

Enter Value of Project _____ x .0015 = \$ _____ Due at application

Project value between \$2.5- \$5 Million:

Project Value _____ -2,500,000 = _____ x .0005 = _____ + \$3,750 = \$ _____ Due at application

Project value of \$5 Million or more:

Project Value _____ -5,000,000 = _____ x .0004 = _____ + \$5,000 = \$ _____ Due at application

VII. APPLICANT INFORMATION

Applicant is responsible for the payment of the fees and charges applicable to this application and must provide the following :

Same as Owner / Lessee

Name			Phone
Address	City	State	Zip
Email			

I hereby certify the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as an authorized agent, and agree to conform to the applicable laws of the State of Michigan. All information on this application is accurate to the best of my knowledge.

Print Name

Signature of Applicant

Date

*Must be an Original Signature—Copied or stamped signatures are not acceptable.

*Inspectors will not enter an occupied residence unless someone over 18 years of age is present.