



3338 Coolidge
 Berkley, Michigan 48072
 (248) 658-3320
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www.berkleymich.org

BUILDING PERMIT APPLICATION

Application for a permit to (Describe what you are proposing to do):

Commerical____ Residential____ Demo____ New Construction____ Addition____ Alteration____ SPRINKLED Y / N

Work being done at:

Address:_____ Day Telephone:_____

Name of Property Owner:_____ Size of New Structure:_____

Zoning_____ Subdivision_____ Lot No._____ Lot Size_____

Contractor/Applicant:

Company Name:_____

License Holder:_____

Address:_____ City: _____ State/zip:_____

Telephone:_____ EMAIL Address:_____

Estimated Cost of Construction: By Applicant: \$ _____

Requirements:

A copy of your insurance must be on file for all contractors doing work in our city.

Residential: Two (2) sets of plans. 2) Site plan required, minimum size 8 1/2 x 11 inch paper.

Commercial: Two (2) sets of plans. Plans must be sealed by a Licensed Architect or Engineer in accordance with 1980, PA299.

I agree to repair any damage done to public or private property.

“This permit is granted on the express condition that the said construction shall, in all respects, conform to the ordinances of this jurisdiction including the zoning ordinance, regulating the construction and use of buildings, and may be revoked at any time upon violation of any provisions of said ordinances.”

 Signature Print Name Signed

 Date Received Received by (Department Representative)

Refund Policy: Should a permit be cancelled prior to any inspections being completed, the City will refund the bond plus 90% of the permit fee to the permit holder. Permit fees will not be refunded after inspections have been completed.

Department use only: USE GROUP _____ CONST. TYPE _____ Value by Department: \$ _____

_____ Approved	_____ Not Approved	_____ Date
Permit Number: _____		Fee: _____
Stipulations: _____		Inspections: _____
		Bond: _____
		Registration: _____
		Plan Review: _____
		Const./Water: _____
		Total: _____

CONTRACTOR PERMITS

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

License Number: _____ Expiration Date: _____

Drivers License Number: _____ DOB: _____

Federal Employer ID Number
or Reason for Exemption: _____

Workers Comp Insurance Carrier
or Reason for Exemption: _____

MESC Employer Number
or Reason for Exemption: _____

“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 person who perform work on residential building or a residential structure. Violations of section 23a are subjected to civil fines.”

A copy of your certificate of insurance must be on file with the building division before any permits will be issued.

Signature of Contractor

Date signed

HOMEOWNER PERMITS

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Drivers License Number: _____ DOB: _____

Telephone Number: _____

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Homeowner guarantees that work is being done by homeowner or immediate family and will not be contracted out; also this will not be a rented property.

Signature of Homeowner

Date signed