

Special Inspection Application

INSPECTIONS 248-626-1601

PERMIT	NO.	2011-	

DATE STAMP

32325 Franklin Rd • Franklin MI 48025-1199 • Phone (248) 626-9666 • Fax (248) 626-0538

The undersigned hereby applie	es for a permit to (describe proje	ct)				
Inspection Cost \$50 per hour :						
I. LOCATION OF PROJEC		Historic District ? □ yes □ no	Zoning District			
Address:						
II. PARCEL IDENTIFICATION	ON #					
A. OWNER OR LESSE	E					
Name:			Telephone No:			
Address:		City:	State:	Zip Code:		
B. Listing Agent						
Name:				Telephone No:		
Address:		City:	State:	Zip Code:		
License No:			Expiration Date:			
C. CONTRACTOR				1		
Name:			Telephone No:			
Address:		City:	State:	Zip Code:		
License No:			Expiration Date:			
Federal Employer Number or Reason for Exemption:						
Worker's Comp Insurance Carrie Reason for Exemption:	ror					
MESC Employer Number or Reason for Exemption:						
III. TYPE OF IMPROVEMEN						
A. TYPE OF IMPROVE						
[] New Building	[] Addition / Remodel	[] Demolition	[] Property	[] Other		
B. REVIEW(s) TO BE P	ERFORMED					
[] Building / Trades	[] Engineering	[] Arborist	[] Legal	[] Other		

IV. PERMIT PROPOSAL								
A. RESIDENTIAL BUILDING – show most recent use								
[] One Family [] Detached Condominium	- number of units							
[] Attached Garage [] Detached Garage	[] Other (describe)							
V. SELECTED CHARACTERISTICS FOR BUILDING PERM	ШТ							
A. PRINCIPAL TYPE OF FRAME								
[] Masonry, Wall Bearing [] Wood Frame [] Reinforced Concrete [] Other (describe)	[] Structured Steel							
B. PRINCIPAL TYPE OF HEATING FUEL								
[] Gas [] Oil [] Electricity	[] Coal [] Other							
C. TYPE OF SEWAGE DISPOSAL								
[] Pressure Sewer System	[] Septic System							
D. TYPE OF MECHANICAL								
Will there be air conditioning? [] yes [] no	Will there be an elevator? [] yes	[] no						
E. DIMENSIONS								
First Floor (sq ft)	Garage / Accessory (sq ft)							
Second Floor (sq ft)	Total Building Area (sq ft)							
Basement (sq ft)	Total Land Area (sq ft)							
VI. APPLICANT INFORMATION:								
Applicant is responsible for the payment of all fees and charges applic	cable to this application and must provide	e the following information	on:					
Name:		Telephone No.						
Address: City:		State:	ZIP:					
Federal ID no. (if applicable)								
I hereby certify that the proposed work is authorized by the make this application as his authorized agent, and we agree information submitted on this application is accurate to the Section 23a of the State Construction Code Act of 1972, All Michigan Compiled Laws, prohibits a person from conspir persons who perform work on a residential building or a residential	ee to conform to all applicable lande best of my knowledge. ct No. 230 of the Public Acts of 1972, bring to circumvent the licensing require	vs of the State of Mi	a of the ating to					
Signature of Applicant	Print Name	Applicatio	on Date					
	not honored by bank, permit is							