

MICHIGAN DEPARTMENT OF ENERGY, LABOR & ECONOMIC GROWTH
BUREAU OF CONSTRUCTION CODES
P.O. BOX 30255
LANSING MI 48909
(517) 241-9317

**Requirements for Obtaining Building Permits
from the
Bureau of Construction Codes**

Residential Structures

(One-and Two-Family Residential with *less* than 3,500 square feet of calculated floor area)

- Building Permit Application (BCC-324).
- Minimum of two (2) sets of plans that include the following:
 - Foundation and floor plans.
 - Roof and wall section.
 - Building elevations.
 - Site plan.

Commercial Structures

(Including One-and Two-Family Residential with *more* than 3,500 square feet of calculated floor area)

- Building Permit Application (BCC-324).
- Copy of plan review approval letter. Plan review must be approved prior to a building permit being issued.

Mobile and Premanufactured Homes

- Building Permit Application (BCC-324).
- Minimum of two (2) sets of plans for the foundation and the method of anchoring the unit to the foundation.
- Site plan.
- For Michigan approved premanufactured units; one (1) copy of the Building System Approval and the approved plans.

Instructions for Completing Application

Page 1 of the application: Complete all applicable sections. Note section II(c). If the homeowner is doing the construction, enter "Homeowner" in the contractor information space.

Page 2 of the application: Enter the information as required.

Page 3, Section VI of the application: Must be completed by the permit applicant and **signed**.

Section VII. Must be completed by the local governmental agency (city/township) for zoning (environmental) approval. In certain jurisdictions, a land use permit may be substituted. Note (g) and (h). Indicate whether a well or septic approval is required. Well and septic permits are typically issued by the county health department.

Schools: It is the responsibility of schools to submit for environmental control approvals as required by law, when applicable.

Building Permit Fees

Building permit fees may be obtained from the Bureau of Construction Codes, by calling the Building Division, (517) 241-9317.

You will need to furnish the following information when calling

- Total square footage of the structure.
- Use group (i.e., “R-3” use group for single family homes, “U” use group for detached garages, pole barns, etc.).
- Type of construction (“5B” for wood frame construction).

If you submit your building permit application and plans without money, your application will be put on hold and you will receive an invoice for the building permit fee.

When to Call for an Inspection

Please call the building inspector’s telephone number listed on your building permit at least two (2) days prior to the time you need an inspection. A minimum of four (4) inspections are required on most structures. It is the permit holder’s responsibility to call for inspections, prior to the construction being covered.

Expiration of Permit

A permit remains valid as long as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within 180 days after issuance of the permit or if the authorized work is suspended or abandoned for a period of 180 days after the time of commencing the work. **A PERMIT WILL BE CLOSED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN 180 DAYS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CLOSED PERMITS CANNOT BE REFUNDED. THE CHARGE TO RE-OPEN A CLOSED PERMIT IS \$75.00.**

Foundation Inspection

Footing Inspection - Prior to placing concrete in piers, trenches and formwork.

Backfill Inspection - Prior to backfill and after the footings, walls, waterproofing, and drain tile are installed.

Rough Inspection

The rough inspection is to be made after the roof, all framing, firestopping, bracing, electrical, mechanical, and plumbing rough installations are in place, and before the insulation is installed.

Final Inspection

The final inspection is to be made upon completion of the building or structure, and before occupancy occurs.

Certificate of Occupancy

A new building or a building that is altered shall not be used or occupied until a Certificate of Occupancy is issued by the code official. The permit holder or their authorized agent must request a Certificate of Occupancy upon the completion of the project. This request may be verbal, however, it is recommended that a written request be sent in, which includes the building, electrical, mechanical, plumbing, boiler and elevator permit numbers, the plan review submission number, and the Bureau of Fire Services project number (for Schools only). A Certificate of Occupancy cannot be issued until all fees are paid, permits are finalized and the work covered by a building permit has been completed in accordance with the permit, the code, and other applicable laws and ordinances. If an electrical, mechanical, plumbing, boiler or elevator permit, plan review submission or Fire Services project is not required, write “not applicable” on the request form in the appropriate space.

Building Permit Application
 Michigan Department of Energy, Labor & Economic Growth
 Bureau of Construction Codes / Building Division
 P.O. Box 30255, Lansing, MI 48909
 517-241-9317
 www.michigan.gov/bcc

B 2010 B

Authority:	1972 PA 230
Completion:	Mandatory to obtain permit
Penalty:	Permit cannot be issued

Applicant to Complete All Items in Sections I, II, III, IV V and VI

Note: Separate Applications Must be Completed for Plumbing, Mechanical and Electrical Work Permits

I. Project Information			
PROJECT NAME		ADDRESS	
NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH JOB IS LOCATED		COUNTY	ZIP CODE
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township OF:			
BETWEEN		AND	
II. Identification			
A. Owner or Lessee			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
B. Architect or Engineer			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
LICENSE NUMBER		EXPIRATION DATE	
C. Contractor			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
BUILDERS LICENSE NUMBER		EXPIRATION DATE	
FEDERAL EMPLOYER ID NUMBER (or reason for exemption)			
WORKERS COMP INSURANCE CARRIER (or reason for exemption)			
UIA NUMBER (or reason for exemption)			
III. Type of Improvement and Plan Review			
A. Type of Improvement			
<input type="checkbox"/> 1. NEW BUILDING	<input type="checkbox"/> 3. ALTERATION	<input type="checkbox"/> 5. DEMOLITION	<input type="checkbox"/> 7. FOUNDATION ONLY
<input type="checkbox"/> 2. ADDITION	<input type="checkbox"/> 4. REPAIR	<input type="checkbox"/> 6. MOBILE HOME SET-UP	<input type="checkbox"/> 8. PREMANUFACTURE
			<input type="checkbox"/> 9. RELOCATION
			<input type="checkbox"/> 10. SPECIAL INSPECTION
B. Plan Review Required			
<p>Plans must be submitted with an Application for Plan Examination and the appropriate fee before a permit can be issued, except as listed below.</p> <p>Plans are not required for alterations and repair work determined by the building official to be of a minor nature.</p> <p>Plans and specifications are required for all other building types and shall be prepared by or under the direct supervision of an architect or engineer licensed pursuant to 1980 PA 299 and shall bear that architect's or engineer's seal and signature.</p>			
BCC Plan Review Project No. _____		School Site Plan Review No. _____	

IV. Proposed Use of Building

A. Residential

- | | | |
|--|--|---|
| <input type="checkbox"/> 1. ONE FAMILY | <input type="checkbox"/> 3. HOTEL, MOTEL
NO. OF UNITS _____ | <input type="checkbox"/> 5. DETACHED GARAGE |
| <input type="checkbox"/> 2. TWO OR MORE FAMILY
NO. OF UNITS _____ | <input type="checkbox"/> 4. ATTACHED GARAGE | <input type="checkbox"/> 6. OTHER _____ |

B. Non-Residential

- | | | |
|--|---|---|
| <input type="checkbox"/> 7. AMUSEMENT | <input type="checkbox"/> 11. SERVICE STATION | <input type="checkbox"/> 15. SCHOOL, LIBRARY, EDUCATIONAL |
| <input type="checkbox"/> 8. CHURCH, RELIGION | <input type="checkbox"/> 12. HOSPITAL, INSTITUTIONAL | <input type="checkbox"/> 16. STORE, MERCANTILE |
| <input type="checkbox"/> 9. INDUSTRIAL | <input type="checkbox"/> 13. OFFICE, BANK, PROFESSIONAL | <input type="checkbox"/> 17. TANKS, TOWERS |
| <input type="checkbox"/> 10. PARKING GARAGE | <input type="checkbox"/> 14. PUBLIC UTILITY | <input type="checkbox"/> 18. OTHER _____ |

NON-RESIDENTIAL - DESCRIBE IN DETAIL PROPOSED USE OF BUILDING, E.G., FOOD PROCESSING PLANT, MACHINE SHOP, LAUNDRY BUILDING AT HOSPITAL, ELEMENTARY SCHOOL, SECONDARY SCHOOL, COLLEGE, PAROCHIAL SCHOOL, PARKING GARAGE FOR DEPARTMENT STORE, RENTAL OFFICE BUILDING, OFFICE BUILDING AT INDUSTRIAL PLANT. IF USE OF EXISTING BUILDING IS BEING CHANGED, ENTER PROPOSED USE.

V. Selected Characteristics of Building

A. Principal Type of Frame

1. MASONRY, WALL BEARING 2. WOOD FRAME 3. STRUCTURAL STEEL 4. REINFORCED CONCRETE 5. OTHER _____

B. Principal Type of Heating Fuel

6. GAS 7. OIL 8. ELECTRICITY 9. COAL 10. OTHER _____

C. Type of Sewage Disposal

11. PUBLIC OR PRIVATE COMPANY 12. SEPTIC SYSTEM

D. Type of Water Supply

13. PUBLIC OR PRIVATE COMPANY 14. PRIVATE WELL OR CISTERN

E. Type of Mechanical

15. WILL THERE BE AIR CONDITIONING? YES NO 16. WILL THERE BE FIRE SUPPRESSION? YES NO

F. Dimensions / Data

17. NUMBER OF STORIES _____	21. FLOOR AREA:	EXISTING	ALTERATIONS	NEW
18. USE GROUP _____	BASEMENT	_____	_____	_____
19. CONSTRUCTION TYPE _____	1ST & 2ND FLOOR	_____	_____	_____
20. NO. OF OCCUPANTS _____	3RD - 10TH FLOOR	_____	_____	_____
	11TH - ABOVE	_____	_____	_____
	TOTAL AREA	_____	_____	_____

G. Number of Off Street Parking Spaces

22. ENCLOSED _____ 23. OUTDOORS _____

VI. Applicant Information

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION.

NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)

FEDERAL EMPLOYER ID NUMBER (or reason for exemption) _____

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.

Section 23a of the state construction code act of 1972, 1972 PA 230, MCL 125.1523a, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of section 23a are subjected to civil fines.

Signature of Applicant

BUILDING PERMIT FEE ENCLOSED
 (The first \$75.00 of an application is non-refundable) \$ _____ (Includes \$50.00 Certificate of Occupancy Fee) | OR STATE ACCOUNT NUMBER _____

VII. Local Governmental Agency to Complete This Section

ENVIRONMENTAL CONTROL APPROVALS

	REQUIRED?	APPROVED	DATE	NUMBER	BY
A - Zoning	<input type="checkbox"/> Yes <input type="checkbox"/> No				
B - Fire District	<input type="checkbox"/> Yes <input type="checkbox"/> No				
C - Pollution Control	<input type="checkbox"/> Yes <input type="checkbox"/> No				
D - Noise Control	<input type="checkbox"/> Yes <input type="checkbox"/> No				
E - Soil Erosion	<input type="checkbox"/> Yes <input type="checkbox"/> No				
F - Flood Zone	<input type="checkbox"/> Yes <input type="checkbox"/> No				
G - Water Supply	<input type="checkbox"/> Yes <input type="checkbox"/> No				
H - Septic System	<input type="checkbox"/> Yes <input type="checkbox"/> No				
I - Variance Granted	<input type="checkbox"/> Yes <input type="checkbox"/> No				
J - Other	<input type="checkbox"/> Yes <input type="checkbox"/> No				

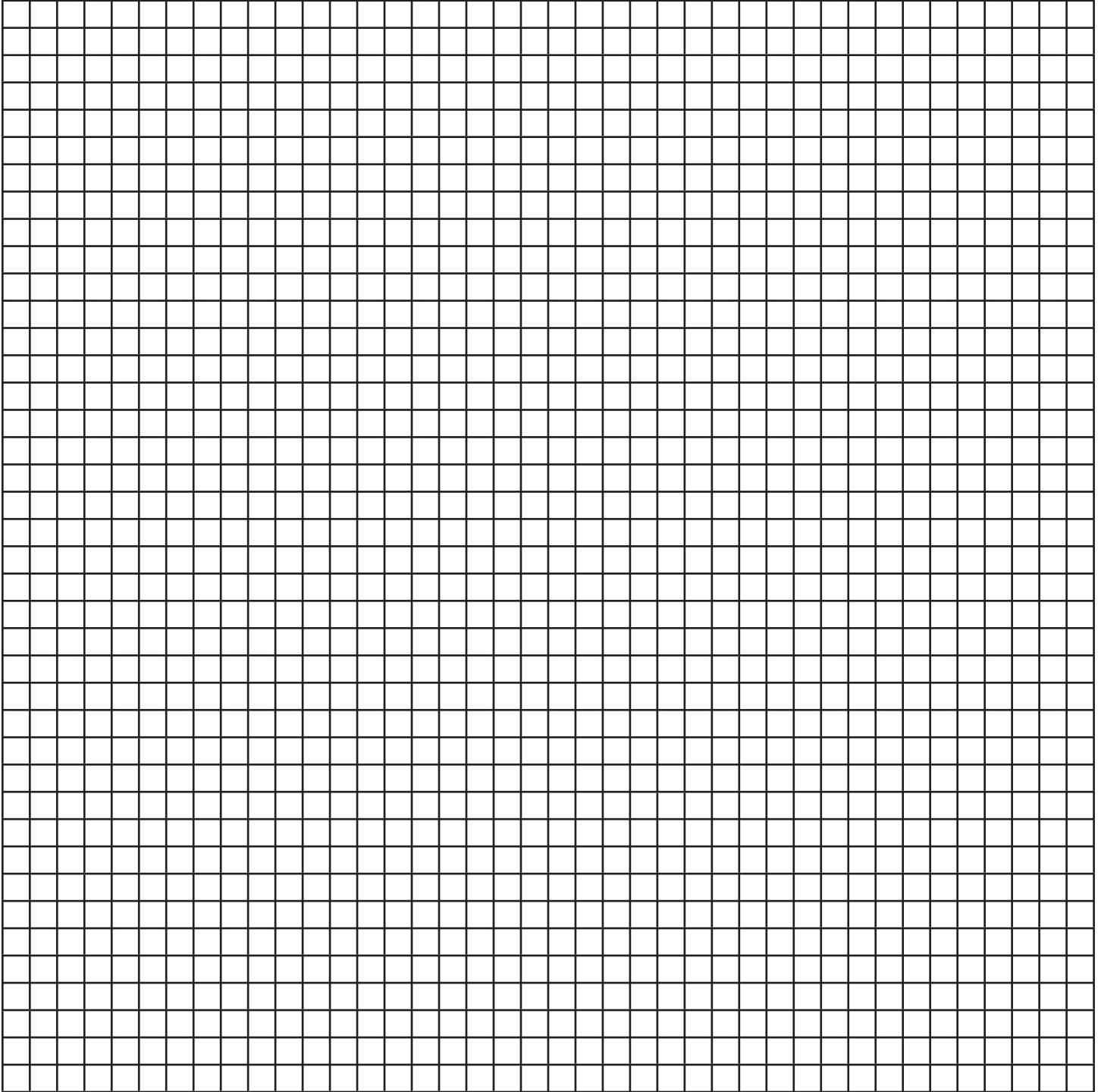
VIII. Validation - For Department Use Only

USE GROUP _____ APPLICATION FEE (non-refundable) _____
 TYPE OF CONSTRUCTION _____ NUMBER OF INSPECTIONS _____
 SQUARE FEET _____

APPROVAL SIGNATURE _____

TITLE _____ DATE _____

IX. Site or Plot Plan - For Applicant Use



OFFICE USE ONLY

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DELEG is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.