



3338 Coolidge
Berkley, Michigan 48072
(248) 658-3320
FAX (248) 658-3321
www.berkleymi.gov

BUILDING PERMIT APPLICATION

Application for a permit to:

Commercial____ Residential____ Demo____ New Construction____ Addition____ Alteration____ SPRINKLED Y / N

Describe Proposed Project: _____

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: \$ _____

Plan review fees must be paid before review can begin. Final review fees may be higher based on confirmation of the construction cost. Cancelled plan reviews will not be refunded.

Requirements:

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

Residential: One (1) 11x17 set of plans, minimum size 8 1/2 x 11 inch paper.

New Home Residential: Two (2) sets of plans (one (1) set of plans to be 11x17)

Commercial: Two (2) sets of plans (one (1) set to be 11x17), sealed by a Licensed Architect or Engineer in accordance with 1980, PA299.

AND

PDF (300 dpi or higher) of plans are required to be submitted to: building@berkleymi.gov

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 _____

Refund Policy: Upon request, all cancelled permits with no inspections will be refunded at 50% of the permit costs with a minimum refund of \$25.00. Permit fees will not be refunded after inspections have been completed.

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

Approved _____ Not Approved _____

Permit Number: _____

Stipulations: _____

Received by _____

Date _____

Date _____
Fee: _____
Inspections: _____
Bond: _____
Registration: _____
Plan Review: _____
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: _____ Email: _____

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.”

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