

V. PLAN REVIEW INFORMATION

A. RESIDENTIAL – BUILDINGS REGULATED BY THE MICHIGAN RESIDENTIAL CODE

One Family Townhouse-# of units _____ Detached Garage
 Two or More Family Attached Garage Other _____
 Number of Units _____

B. NON-RESIDENTIAL – BUILDINGS REGULATED BY THE MICHIGAN BUILDING CODE

<input type="checkbox"/> (A-1) Assembly (Theatres, etc.)	<input type="checkbox"/> (H-1) High Hazard (Detonation)	<input type="checkbox"/> (M) Mercantile
<input type="checkbox"/> (A-2) Assembly (Restaurants, Bars, etc.)	<input type="checkbox"/> (H-2) High Hazard (Deflagration)	<input type="checkbox"/> (R-1) Residential 1 (Hotels, Motels)
<input type="checkbox"/> (A-3) Assembly (Churches, Libraries, etc.)	<input type="checkbox"/> (H-3) High Hazard (Combustion)	<input type="checkbox"/> (R-2) Residential 2 (Multiple Family)
<input type="checkbox"/> (A-4) Assembly (Indoor Sports, etc.)	<input type="checkbox"/> (H-4) High Hazard (Health Hazard)	<input type="checkbox"/> (R-3) Residential 3 (Single-Family, Child & Adult Care)
<input type="checkbox"/> (A-5) Assembly (Outdoor Sports, etc.)	<input type="checkbox"/> (H-5) High Hazard (HPM)	<input type="checkbox"/> (R-4) Residential 4 (Assisted Living)
<input type="checkbox"/> (B) Business	<input type="checkbox"/> (I-1) Institutional 1 (Supervised)	<input type="checkbox"/> (S-1) Storage 1 (Moderate Hazard)
<input type="checkbox"/> (E) Education	<input type="checkbox"/> (I-2) Institutional 2 (Hospitals, etc.)	<input type="checkbox"/> (S-2) Storage 2 (Low Hazard)
<input type="checkbox"/> (F-1) Factory (Moderate Hazard)	<input type="checkbox"/> (I-3) Institutional 3 (Prisons, etc.)	<input type="checkbox"/> (U) Utility (Miscellaneous)
<input type="checkbox"/> (F-2) Factory (Low Hazard)	<input type="checkbox"/> (I-4) Institutional 4 (Day Care, etc.)	

Alteration, repairs and additions – Provide a description of work to be covered by the building permit. Cost of Improvement/Cost of Construction If the Cost of Construction is Unknown Provide a Copy of the Contract With The Property Owner.

Examples of description; 20,000 sq. ft. roof covering; building a 2,300 sq. ft. addition; replace 5 exterior doors; renovate basement in residence, etc.

VI. BUILDING DATA

A. Type of Mechanical System

B. Will The Building Have A Fire Suppression System? Yes No

C. TYPE OF CONSTRUCTION

<input type="checkbox"/> 1A – NON-COMBUSTIBLE (PROTECTED STRUCTURAL ELEMENTS) 3 HR	<input type="checkbox"/> 3A – NO COMBUSTIBLES (EXTERIOR WALLS ONLY)
<input type="checkbox"/> 1B – NON COMBUSTIBLE (RATED STRUCTURAL ELEMENTS) 2HR	<input type="checkbox"/> 3B – ON COMBUSTIBLE (BEARING WALLS RATED)
<input type="checkbox"/> 2A – NON COMBUSTIBLE (RATED STRUCTURAL ELEMENTS) 1HR	<input type="checkbox"/> 4 – HEAVY TIMBER
<input type="checkbox"/> 2B – NON COMBUSTIBLE (NON RATED STRUCTURAL ELEMENTS)	<input type="checkbox"/> 5A COMBUSTIBLE (STRUCTURAL ELEMENTS RATED) 1HR
	<input type="checkbox"/> 5B – COMBUSTIBLE (ALL ELEMENTS NOT RATED)

D. DIMENSIONS/DATA

FLOOR AREA	EXISTING	ALTERATIONS	NEW
Basement	_____	_____	_____
1 st & 2 nd Floor	_____	_____	_____
3 rd – 10 th Floor	_____	_____	_____
11 th – Above	_____	_____	_____
Total Area	_____	_____	_____

E. NUMBER OF OFF STREET PARKING

ENCLOSED _____ OUTDOORS _____

VII. SITE OR PLOT PLAN - FOR APPLICANT USE. ATTACH ADDITIONAL SHEET IF NECESSARY

VIII. SIGNATURE

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 and the City of Montrose. 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 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 Owner (required)	Type or Print:
Signature of Owner's Agent (required)	Type or Print:

IX. LOCAL GOVERNMENT 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	<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- SEWER	<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				

X. VALIDATION - FOR DEPARTMENT USE ONLY**DEPARTMENT VALUATION:**

Zoning District:	Use Group:	Square Feet:
Type of Construction:	Certificate of Occupancy Required? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Inspections Requests Must Be Emailed To
permits@cityofmontrose.us by 1:00 p.m. Tuesday