



BUILDING PERMIT APPLICATION

City of East Lansing

Planning, Building and Development
 City Hall | 410 Abbot Road | Room 217
 East Lansing, MI 48823
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Office Staff:

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Tim Schultz, Building Inspector

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Plan Reviewer

(517) 319-6803

OFFICE USE ONLY	
Permit Number	
Issued Date	
Total Fee	
Payment Type	
Received By	

OFFICE USE ONLY			
USE GROUP:	CONSTRUCTION TYPE:	OCCUPANT LOAD:	SQUARE FEET:
PLAN REVIEWER:	DATE:	HISTORIC DISTRICT: (IF APPLICABLE)	DATE:
COMMENTS:	PLANNING/ZONING:		DATE:

PROJECT INFORMATION					
PROJECT NAME			CODE DESIGN:		YEAR: _____
			<input type="checkbox"/> MI RESIDENTIAL <input type="checkbox"/> MI BUILDING (COMMERCIAL) <input type="checkbox"/> MI REHAB		
BUILDING ADDRESS	APT/SUITE	SQ FT (EXISTING)	SQ FT (ADDITION)	SQ FT (NEW BUILD)	MAX BLDG HEIGHT
TYPE OF CONSTRUCTION:					
<input type="checkbox"/> NEW BUILDING <input type="checkbox"/> ALTERATION <input type="checkbox"/> DEMOLITION <input type="checkbox"/> FOUNDATION ONLY <input type="checkbox"/> TEMPORARY STRUCTURE					
<input type="checkbox"/> RELOCATION <input type="checkbox"/> ADDITION <input type="checkbox"/> REPAIR <input type="checkbox"/> ROOFING <input type="checkbox"/> PREMANUFACTURE					
VALUATION OF ALL WORK \$	IS PROPERTY A RENTAL? <input type="checkbox"/> YES <input type="checkbox"/> NO	HISTORIC DISTRICT <input type="checkbox"/> YES <input type="checkbox"/> NO	*IF YES, A CERTIFICATE OF APPROPRIATENESS WILL NEED TO BE SUBMITTED AND APPROVED BEFORE A PERMIT CAN BE ISSUED.		
COMPLETE WORK DESCRIPTION OF NEW ALTERATION, REPAIR, ADDITION, ETC...:					

<input type="checkbox"/> OWNER <input type="checkbox"/> LESSEE			
NAME AND/OR COMPANY		PHONE # ()	CELL # ()
ADDRESS		CITY	STATE ZIP
BUSINESS NAME		E-MAIL	

<input type="checkbox"/> ARCHITECT <input type="checkbox"/> ENGINEER (DESIGN PROFESSIONAL IN RESPONSIBLE CHARGE)			
NAME AND/OR COMPANY		BUSINESS PHONE # ()	CELL # ()
ADDRESS		CITY	STATE ZIP
LICENSE #	EXPIRATION DATE	E-MAIL	

<input type="checkbox"/> APPLICANT: <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> AUTHORIZED AGENT			
NAME AND/OR COMPANY		BUSINESS PHONE # ()	CELL # ()
ADDRESS		CITY	STATE ZIP
LICENSE #	EXPIRATION DATE	E-MAIL:	
FEDERAL I.D. # (OR REASON FOR EXEMPTION)	WORKERS COMP INSURANCE CARRIER (OR REASON FOR EXEMPTION)	MESC EMPLOYER # (OR REASON FOR EXEMPTION)	

PLAN REVIEW AND PERMIT INFORMATION: **COMMERCIAL** Three (3) sets **RESIDENTIAL** Two (2) sets

*Complete sets of plans signed and sealed by a licensed architect or engineer (as required by State of Michigan P.A. 299 of 1980, as amended) shall be submitted with a completed application.

*Projects requiring additional parking, site development or structure expansion may also require Site Plan and Grading Plan approval.

*The process for these reviews is contained in separate documentation.

*The Valuation of All Work (project cost) will be required on this application prior to issuance of the building permit.

*The plan review fee is included in the building permit fee.

<p>*All plans shall include the following information:</p> <p><input type="checkbox"/> Site Plan Project address or location</p> <p><input type="checkbox"/> Property owner address</p> <p><input type="checkbox"/> Architect/engineer name, address, phone #, and license # Construction code used</p> <p><input type="checkbox"/> All design live, dead, snow and wind loads Occupancy of construction</p> <p><input type="checkbox"/> Type of construction Total floor area for each use group classification and level</p> <p><input type="checkbox"/></p>	<p>*Larger projects may also require:</p> <p><input type="checkbox"/> Height and area computations to include: allowable floor area, allowable area increase, maximum height increases and automatic fire sprinkler increases.</p> <p><input type="checkbox"/> Soil, footing, foundation, masonry and concrete minimum bearing capacities and design standards</p> <p><input type="checkbox"/> Soil Investigation Report</p> <p><input type="checkbox"/> Number of means of egress, capacity of egress calculations and travel distances.</p> <p><input type="checkbox"/> Fire rated assembly details and fire resistive requirements</p> <p><input type="checkbox"/> Structural design calculations</p> <p>**Other information may be required based on size and complexity of building project.</p>
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CERTIFICATION

TRAFFIC IMPACT: Closure of any traffic lane during construction shall be approved by the City in advance of the closure. All traffic lane closures, regardless of duration, shall be signed in accordance with the recommended guidelines described in the current edition of the Michigan Manual of Uniform Traffic Control Devices. Closures of a public sidewalk shall be barricaded to insure pedestrians are protected from injury, and signed to provide adequate advance warning of the closure and to indicate the direction for an alternative pedestrian route. _____ **INITIALS**

NOTE: Separate permits are required for electrical, plumbing and mechanical work. All permits shall lapse and cease to be in effect when authorized work has not started within 180 days following the date of issue, when work has not been completed within 24 months following the date of issue, or when work has been abandoned for a period of 180 days (as evidenced by failure to make substantial progress or lack of inspections). _____ **INITIALS**

I HEREBY CERTIFY I have read and examined this application. Granting of a permit does not presume to give authority to violate or cancel the provisions of any state or local law or ordinance regulating construction or the performance of construction. Section 23a of the State Construction Code Act of 1972, Public Act 230, as amended, 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. Violations of Section 23a are subject to civil fines. _____ **INITIALS**

I agree this permit is only for the work described, and does not grant permission for additional or related work which requires separate permits. I understand that this permit will expire, and become null and void if work is not started within 180 days, or abandoned for a period of 180 days at any time after work has commenced. A permit will be closed when no inspections are requested and/or conducted within 180 days of the date of issuance, or the date of a previous inspection; and, that I am responsible for assuring all required inspections are requested in conformance with the applicable code. I hereby certify that the proposed work is authorized by the owner, and that I am authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of the State of Michigan and the local jurisdiction. All information on this permit application is accurate to the best of my knowledge.

HOMEOWNER AFFIDAVIT

I hereby certify the work described on this permit application shall be completed by myself on my own property in which I am living or about to occupy. All work shall be installed in accordance with the appropriate code and shall not be enclosed, covered up, or put into operation until it has been inspected and approved by the City of East Lansing Building Inspector. I will cooperate with City of East Lansing Building Inspector and assume the responsibility to arrange for necessary inspections.

SIGN HERE X	X	DATE →
Contractor, Architect/Engineer	Signature	Printed

SIGN HERE X	X	DATE →
Owner/Lessee	Signature	Printed

INSTRUCTIONS FOR SUBMITTING APPLICATION

Incomplete or illegible forms will not be accepted. Work shall not be started until the application for the permit has been issued from our office. No work shall be concealed until it has been inspected and approved.

Permit applications can be submitted to our office by mail, email, and scan, or in person.

We accept cash, check, VISA, MasterCard or Discover. Make checks payable to "COEL".

Permit applications not submitted with the required documents or payments cannot be issued until such is provided.

COMMENTS

SCHEDULING INSPECTIONS

When inspections are ready to be scheduled please contact:

Denise (517) 319-6871
Leslie (517) 319-6810

The following information will need to be provided:

- Permit #
- Inspection address
- Inspection type (rough, final, etc.)
- Contact person
- Return phone number

DATE STAMP	OFFICE USE ONLY
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