



# CITY OF INKSTER

Department of Building & Structural Safe

26215 Trowbridge Ave.

Inkster, MI 48141

## APPLICATION FOR PLAN REVIEW AND BUILDING PERMIT

**Job Location:** \_\_\_\_\_ Date \_\_\_\_\_  
 All permit requests must have an address

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Property I.D. Number \_\_\_\_\_ Subdivision \_\_\_\_\_ Zoning \_\_\_\_\_

<input type="checkbox"/> Existing Bldg <input type="checkbox"/> New Bldg  <input type="checkbox"/> Commercial <input type="checkbox"/> Residential	<b>Contractor Information:</b> Name _____ Address _____ City _____ State _____ Zip _____ Telephone _____ Federal I.D. _____
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**Architect/Designer/Engineer Information:**

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Company name \_\_\_\_\_ State License # \_\_\_\_\_ Telephone# \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Property Owner Information:**

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Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

<b>Ownership</b> <input type="checkbox"/> Private <input type="checkbox"/> Government	<b>Applicable Code:</b> <input type="checkbox"/> 2003 MI Bldg Code <input type="checkbox"/> 2003 MI Res. Code <input type="checkbox"/> 2003 MI Rehab Code for Existing Buildings	<b>USE GROUP(S)</b> <input type="checkbox"/> A-1 <input type="checkbox"/> E <input type="checkbox"/> H-4 <input type="checkbox"/> M <input type="checkbox"/> A-2 <input type="checkbox"/> F-1 <input type="checkbox"/> H-5 <input type="checkbox"/> R-1 <input type="checkbox"/> A-3 <input type="checkbox"/> F-2 <input type="checkbox"/> I-1 <input type="checkbox"/> R-2 <input type="checkbox"/> A-4 <input type="checkbox"/> H-1 <input type="checkbox"/> I-2 <input type="checkbox"/> R-3 <input type="checkbox"/> A-5 <input type="checkbox"/> H-2 <input type="checkbox"/> I-3 <input type="checkbox"/> S-1 <input type="checkbox"/> B <input type="checkbox"/> H-3 <input type="checkbox"/> I-4 <input type="checkbox"/> S-2 <input type="checkbox"/> U <input type="checkbox"/> Other (specify) _____			
<b>Proposed Construction Type as per Michigan Code:</b> _____ _____ _____	<b>Improvement Type:</b> <input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair/Replace <input type="checkbox"/> Relocate <input type="checkbox"/> Foundation				
<b>Structural Type:</b> <input type="checkbox"/> Steel <input type="checkbox"/> Other – specify: _____  <input type="checkbox"/> Masonry _____  <input type="checkbox"/> Concrete _____  <input type="checkbox"/> Wood _____		<b>OFFICE USE ONLY</b>  Plan Review Number: _____  Permit Number: _____			

Section 23a of the State Construction Act of 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. Violations of Section 23a are civil infractions. I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner and that I have been authorized as the owner's agent.

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Applicant's Signature \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

