



City of Ypsilanti Building Department

One South Huron • Ypsilanti, MI 48197
 Phone: (734) 482-1025 • Fax: (734) 483-7444
 www.cityofypsilanti.com

Building Permit & Plan Review Application

Separate Applications Must Be Completed for Electrical, Mechanical, Plumbing & Signs

Faxed or emailed applications cannot be accepted

Office Use Only:
Receipt: _____
Method: _____

I. Owner/Contractor Information

Property (Job Location)	Address		Parcel Number	
	Between _____	And _____	Number of Apts./Suites	Owner Occupied <input type="checkbox"/> Yes <input type="checkbox"/> No
Owner/Agent	Name		Phone:	
	Address		Cell:	Email:
Contractor Information <small>If work is being done by owner/agent skip to next section</small>	Company / Licensee		Phone:	
	Address		Email:	Expiration
	Federal Employer ID # (or reason for exemption)	Worker's Comp Carrier (or reason for exemption)	MESC Employer # (or reason for exemption)	
Architect/Engineer	Name		Phone:	
	Address		Email:	License# _____ Expiration _____

II. Property/Land Information

Historic District <input type="checkbox"/> Yes <input type="checkbox"/> No	Zoning District	Flood Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Number/Type of Structures Currently on Property	
			<input type="checkbox"/> House	<input type="checkbox"/> Garage <input type="checkbox"/> Shed <input type="checkbox"/> Other: _____

III. Building Information

<input type="checkbox"/> Residential		<input type="checkbox"/> Commercial		
<input type="checkbox"/> Single Family	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Multi-Family (# units _____)	<input type="checkbox"/> Office	<input type="checkbox"/> Church
<input type="checkbox"/> Two Family	<input type="checkbox"/> Pole Barn/Shed	<input type="checkbox"/> Mercantile/Retail	<input type="checkbox"/> Public Utility	<input type="checkbox"/> Restaurant/Bar
<input type="checkbox"/> Detached Garage	<input type="checkbox"/> Other _____	<input type="checkbox"/> Industrial	<input type="checkbox"/> Hospital	<input type="checkbox"/> Other _____

IV. Proposed Use of Building and Type of Improvement

<input type="checkbox"/> New Building	<input type="checkbox"/> Addition	<input type="checkbox"/> Windows	<input type="checkbox"/> Re-Roof	<input type="checkbox"/> Foundation	<input type="checkbox"/> Accessory Structure (garage, shed, pool, etc.)
<input type="checkbox"/> Alteration	<input type="checkbox"/> Repair	<input type="checkbox"/> Deck/Porch	<input type="checkbox"/> House <input type="checkbox"/> Garage	<input type="checkbox"/> Demolition	<input type="checkbox"/> Other _____

Are there/will there be additional permits for this project? None Building HDC Electrical Mechanical Plumbing

Description of proposed work (please specify apartment/suite numbers):

V. Construction Value * OFFICE USE ONLY

* Must be based on market value of labor and materials		Additional Reviews		Date Received	Permit Fee	\$
Building	\$	<input type="checkbox"/> Planning/Zoning/HDC	<input type="checkbox"/> Yes <input type="checkbox"/> No		Plan Review	\$
Electrical	\$	<input type="checkbox"/> DPS/MDOT	<input type="checkbox"/> Yes <input type="checkbox"/> No		Contractor Reg.	\$
Mechanical	\$	<input type="checkbox"/> Health Dept.	<input type="checkbox"/> Yes <input type="checkbox"/> No		HDC Fee	\$
Plumbing	\$	<input type="checkbox"/> Soil Erosion	<input type="checkbox"/> Yes <input type="checkbox"/> No		Administrative Fee	\$
Other	\$	<input type="checkbox"/> YCUA	<input type="checkbox"/> Yes <input type="checkbox"/> No		Certificate of Occ.	\$
Total	\$	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		Fee Total	\$

VI. Plan Review

Plans must be submitted with this application before a permit can be issued, except as listed below.
Plans are not required for alterations and repair work **determined by the Building Official** to be of a minor nature.
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.

Plan Review Required Yes No Plan Submission Date: _____

You MUST submit three copies of plans. At least one set must be no larger than 11 x 17

VII. Homeowner Affidavit

HOMEOWNERS: I hereby certify that I am the bona fide homeowner of the above property. I am familiar with the provisions of the applicable ordinances and rules and hereby agree to make this installation or construction in conformance with the ordinance. I realize that in making this application, I assume the responsibility of a licensed contractor for the work mentioned in this permit. I agree to notify the Building Department after the work is completed so that the Department may make its required inspection(s). I further agree to keep all parts of this work exposed until approved by the inspector.

Signature (*Homeowners Only*) Printed Name and Address Date

VIII. Applicant 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. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL APPLICABLE FEES AND CHARGES ASSOCIATED WITH THIS APPLICATION.

SECTION 23A of the State Construction Code 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 persons who perform work on a residential building or a residential structure. Violators of Section 23a are subjected to civil fines.

Signature of Applicant Printed Name of Applicant Date

How would you like the permit to be sent? Email U.S. Mail

It is recommended that if you are hiring a contractor to do the work proposed on this application, that the contractor be the one to obtain permits. Permits will not be closed until a final inspection has been completed and approved by the Building Department.

Frequent Contacts:

Miss Dig (800) 482-7171 Washtenaw County Soil Erosion (734) 222-6860
YCUA (734) 484-4600 Washtenaw County Health Dept. (734) 544-6700
DTE (800) 477-4747 City Building Inspection Line (734) 482-1025

OFFICE USE ONLY

ZONING NOTES: Zoning District: _____ Use: _____

Setbacks – Front: _____ Side: _____ Side: _____ Rear: _____

Notes: _____

Approved Disapproved Reviewed By: _____ Date: _____

HISTORIC DISTRICT: Yes No

Notes: _____

Approved Disapproved Reviewed By: _____ Date: _____

BUILDING NOTES: Use: _____ Construction Type: _____ Code Edition(s): _____

Notes: _____

Approved Disapproved Reviewed By: _____ Date: _____

Approved Disapproved Reviewed By: _____ Date: _____