

All applications for a building permit shall be accompanied by plans drawn to scale and of sufficient clarity to indicate the nature and extent of the work proposed and shall show in detail that the work will conform to the provisions of all relevant codes, laws, ordinances, rules and regulations. Plans for a proposed building, addition, or deck shall include a site plan drawn to scale showing the location of all easements, drainage facilities, adjacent grades, property lines, and every existing building on the property. A minimum of two sets of such plans and specifications bearing the signature and seal of a registered Michigan architect or engineer who shall assume responsibility for their design, shall be required for all work involving multiple-family dwellings (3+ units), mixed-use occupancies and/or commercial or industrial uses. Two unsealed sets of plans are required for residential structures.

Permit applications are public records; application information is made available for public purposes through web pages and/or social media.

**PLEASE NOTE:** The following additional requirements may apply (forms and additional information available at [www.grandrapidsmi.gov/devcenter](http://www.grandrapidsmi.gov/devcenter)):

- **Zoning Information Attachment** - Required for a residential garage, carport, shed, deck, and pool/hot tub or wall.
- **Building Plan Review Attachment** - Required for multi-family (3+ units), commercial, industrial, institutional or mixed use building projects.
- **Deferred Plan Submittal Request** - (Page 3 of Plan Review Attachment) required for applications that do not include all required plans.
- **LUDS Plan Review Application** - Required for *new* multi-family (3+ units), commercial, and industrial buildings; *additions* to such buildings; major site work including *parking lots*; and other projects involving excavating or grading within 500 feet of water or in the flood plain.
- **Energy Code Worksheet Attachment** - Required for new residential house or addition.
- Other permit applications: Mechanical Permit, Electrical Permit, Plumbing Permit, Demolition Permit, etc.
- Fire safety precautions concerning hot work (cutting, welding, etc.), firefighting access, means of egress, water supply, fire extinguishers, etc.

## I. Project Information

### A. Location (Required)

Project Address	Suite No.	Floor No.	Project Name
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### B. Type of Improvement (Check all applicable)

- |  |  |                                      |   |
|--|--|--------------------------------------|---|
| <input type="checkbox"/> New Building            | <input type="checkbox"/> Addition      | <input type="checkbox"/> Re-roof     | <input type="checkbox"/> Sandblasting – Requires MDEQ Air Quality Permit Prior to Commencement; Call (616) 356-0229 |
| <input type="checkbox"/> Garage                  | <input type="checkbox"/> Remodel       | <input type="checkbox"/> Re-side     |   |
| <input type="checkbox"/> Storage/Accessory Bldg. | <input type="checkbox"/> Interior Only | <input type="checkbox"/> Repair      |   |
| <input type="checkbox"/> Foundation Only         | <input type="checkbox"/> Deck / Pool   | <input type="checkbox"/> Fire Repair |   |

### C. Description of Work To Be Done (Required)

### D. Proposed Use (Check all applicable)

- |   |  |  |  |   |   |
|---|--|--|--|---|---|
| <input type="checkbox"/> <b>Residential</b>                   | <input type="checkbox"/> <b>Commercial</b> |  |  |   |   |
| <input type="checkbox"/> Single Family                        | <input type="checkbox"/> Office            | <input type="checkbox"/> Party Store           | <input type="checkbox"/> Hotel/Motel   | <input type="checkbox"/> Auto Service       | <input type="checkbox"/> <b>Industrial</b>    |
| <input type="checkbox"/> Duplex                               | <input type="checkbox"/> Multi-family (3+) | <input type="checkbox"/> Restaurant            | <input type="checkbox"/> Sports Club   | <input type="checkbox"/> Auto Sales         | <input type="checkbox"/> <b>Institutional</b> |
| <input type="checkbox"/> Townhome                             | <input type="checkbox"/> Medical/Dental    | <input type="checkbox"/> Bar/Club              | <input type="checkbox"/> Drive-Thru    | <input type="checkbox"/> Marijuana Business |   |
| <input type="checkbox"/> Accessory Dwelling Unit <sup>1</sup> | <input type="checkbox"/> Retail            | <input type="checkbox"/> Assembly <sup>2</sup> | <input type="checkbox"/> Salon/Styling | <input type="checkbox"/> <b>Other:</b>      |   |

<sup>1</sup>An Accessory Dwelling Unit (ADU) has a floor area of 400-850 sq ft, is located on the same lot as a larger primary dwelling, and is sometimes referred to as a "granny flat".

<sup>2</sup>Examples of assembly use include but are not limited to: places of worship, theaters, community centers, social or service club locations, auditoriums and sports arenas.

### E. Current Use (If same as proposed, check here and continue to F; otherwise note applicable categories from Item D.)

### F. Value of Improvements / Contract Cost (Required)<sup>3</sup>

\$ \_\_\_\_\_ Include Building, Mechanical, Electrical, Plumbing, Excavating, Grading & Other Costs (Exclude Architectural Fees, Cost of Lot, Landscaping, and/or Personal Property)

<sup>3</sup>Determines the number of inspections included: 5 inspections for <\$500k; 8 inspections for \$500k-\$1mln; 1 inspection per \$100k for > \$1mln; 2 for flat fee residential permits. Fees for inspections beyond these amounts may be invoiced. Other fees apply for missed appointments or after hours.

#### For Office Use Only

Sign-Offs Required	Approved By	Date	Notes
<input type="checkbox"/> Building	_____	_____	_____
<input type="checkbox"/> Planning	_____	_____	_____
<input type="checkbox"/> Hist. Pres.	_____	_____	_____
<input type="checkbox"/> LUDS	_____	_____	_____
<input type="checkbox"/> Water	_____	_____	_____
Work to be Done _____			
Use Group Code _____	Census Code _____	Approved By _____	
Building Permit Number _____	Building Permit Fee _____		Issue Date _____
Add'l Use _____	Constr. Type _____	Occ. Load _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check # <input type="checkbox"/> Credit Card

**G. Fire Protection** (Commercial Only)

- Yes  No Is this building equipped with a fire alarm system? (Check "Yes" if there are hard-wired smoke detectors.)
- Yes  No Is this building equipped with an automatic fire suppression system?

**H. Included Improvements** (Check all applicable; these trade areas require separate permit applications)

- HVAC/Mechanical  Electrical  Plumbing  Fire Sprinkler System

**I. Project Milestone Dates** (This is for planning purposes; the City **will not** auto-schedule or guarantee inspections on these dates)

Anticipated Construction Start: \_\_\_\_\_ Anticipated Final Inspection: \_\_\_\_\_ Anticipated Open/Occupancy: \_\_\_\_\_

**J. Work Activities**

- Yes  No Will existing paint on any interior or exterior surfaces be disturbed by demolition, scraping, sanding, grinding or other activity?

**II. Identification** (E-mail is the primary form of communication and is necessary to receive prompt application review updates.)

**A. Property Owner** (Required; if Property Owner is Permit Applicant, check here  )

Name & Title			Company Name	
Street Address			Telephone Number	Fax Number
City	State	Zip	Mobile Number	E-mail Address (IMPORTANT)

**B. Tenant or Business Occupant**

Name	Telephone Number	Fax Number	E-mail Address (IMPORTANT)
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**C. Architect or Engineer** (If Architect or Engineer is permit applicant, check here  )

Name & Title			Company Name	
Street Address			Telephone Number	Fax Number
City	State	Zip	Mobile Number	E-mail Address (IMPORTANT)
License Number	Expiration Date	Additional Contact Person		

**D. Contractor** (If Contractor is permit applicant, check here  )

Name & Title			Company Name	
Street Address			Telephone Number	Fax Number
City	State	Zip	Mobile Number	E-mail Address (IMPORTANT)
Builders License Number	Expiration Date	Additional Contact Person		
Fed. Employer ID Number or Reason for Exemption (Residential Only)			Workers Comp. Ins. Carrier or Reason for Exemption (Residential Only)	
MESC Employer Number or Reason for Exemption (Residential Only)				

**E. Applicant Information** (*Signature Required*, contact information required if Applicant not indicated by check box above.)

Name & Title of Contractor, Owner, or Authorized Agent of the Owner			Company Name	
Street Address			Telephone Number	Fax Number
City	State	Zip	Mobile Number	E-mail Address (IMPORTANT)

**IMPORTANT: "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 relating to persons who are to perform work on a residential building or residential structure. Violators of Section 23a are subjected to civil fines."**

"I/We (the undersigned) agree to erect said structure according to the plans and specifications on file with this office and to adhere to the plan review and correction letter issued." **WARNING: ANY OMISSION OR MISREPRESENTATION OF FACT ON THIS DOCUMENT MAY RESULT IN THE REVOCATION OF THE BUILDING PERMIT AND/OR LEGAL ACTION BEING TAKEN.**

Applicant Name (Please Print)	Applicant Signature	Date
Driver's License Number		

**BUILDING PERMIT  
SOLAR PANELS  
ADDENDUM**



Size of System (kilowatts - kw)

Brand and Make of PV Panels

Number of Panels in Array (Please enter a number)

Outside Conductor Shutdown Required

- Yes       No

Arc Fault Protection Required

- Yes       No

Type of Connection Point

Manufacturer Connector Details

Type of System

Brand and Make of Inverter

Brand and Make of Rapid Shutdown

Number of Panels per String (Please enter a number)

Inside Conductor Shutdown Required

- Yes       No  
 Diagram of Panel Layout Attached

Manufacturer Connectors Compatible

- Yes       No      If no, consultation required