

**CITY OF ROMULUS**

PLAN REVIEW NO: \_\_\_\_\_

Department of Building & Safety  
12600 S. Wayne  
Romulus MI 48174  
734-942-7550

PERMIT NO: \_\_\_\_\_

**APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT**

All areas must be completed on the application below:

<b>JOB LOCATION:</b> _____	<b>Date:</b> _____
All permit requests must have an address to be processed	
Property I.D. Number	Subdivision
Zoning	

<input type="checkbox"/> Old Bldg	<b>Contractor Information:</b>		
<input type="checkbox"/> New Bldg	Contractor's Name	License No.	
<input type="checkbox"/> New	Address	City	State
<input type="checkbox"/> Replacement	Telephone Number	Email Address	Zip Code
	Worker's Compensation Carrier	Federal I.D. Number	
		MESC Employer Number	

<b>Architectural/Designer/Engineer Information:</b>			
Company and Name	State License No.	Telephone Number	Email Address
Address	City	State	Zip Code

<b>Owner of Property Information:</b>			
Name	Telephone Number	Email Address	
Address	City	State	Zip Code

<b>Occupancy/Tenant Information (if not owner):</b>			
Occupant's Name	Telephone Number	Email Address	
Occupant's Address	City	State	Zip Code

<b>Ownership</b>	<b>Structural Frame</b>	<b>Applicable Code</b>	<b>Use Group(s)</b>	
<input type="checkbox"/> Private (Individual, Corporation, Nonprofit Institution, Etc.)	<input type="checkbox"/> Steel	<input type="checkbox"/> 2012 Michigan Building Code	<input type="checkbox"/> A-1	<input type="checkbox"/> H-2
<input type="checkbox"/> Public (Federal, State, County or Local Government)	<input type="checkbox"/> Masonry	<input type="checkbox"/> 2015 Michigan Residential Code	<input type="checkbox"/> A-2	<input type="checkbox"/> H-3
	<input type="checkbox"/> Concrete		<input type="checkbox"/> A-3	<input type="checkbox"/> H-4
	<input type="checkbox"/> Wood		<input type="checkbox"/> A-4	<input type="checkbox"/> H-5
	<input type="checkbox"/> Other: specify...		<input type="checkbox"/> A-5	<input type="checkbox"/> I-1
		<b>Proposed Construction Type as per Michigan Code</b>	<input type="checkbox"/> B	<input type="checkbox"/> I-2
<b>Improvement Type</b>			<input type="checkbox"/> E	<input type="checkbox"/> I-3
<input type="checkbox"/> New Construction			<input type="checkbox"/> F-1	<input type="checkbox"/> I-4
<input type="checkbox"/> Addition			<input type="checkbox"/> F-2	<input type="checkbox"/> M
<input type="checkbox"/> Alteration			<input type="checkbox"/> H-1	<input type="checkbox"/> R-1
<input type="checkbox"/> Repair/Replacement				
<input type="checkbox"/> Relocation				
<input type="checkbox"/> Foundation				

Section 23a of the State Construction 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 a residential structure. Violators of section 23a are subjected to civil fines. I hereby certify that I am the owner of record of the named property, or 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 agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

Signature of Applicant	Address	Telephone No.
Responsible person & title of person in charge of work		Telephone No.

**Applicant must complete all pertinent items regarding their project**

Street Frontage (feet)	Stories (number)	Lot Area (sq. feet)
Front Setback (feet)	Bedrooms (number)	Building Area (sq. feet)
Rear Setback (feet)	Full Baths (number)	Living Area (sq. feet)
Left Setback (feet)	Partial Baths (number)	Basement Area (sq. feet)
Right Setback (feet)	Garages (number)	Garage Area (sq. feet)
Height Above Grade (feet)	Windows (number)	Office/Sales (sq. feet)
New Residential Units (number)	Fireplaces (number)	Service (sq. feet)
Existing Residential Units (number)	Enclosed Parking (number)	Manufacturing (sq. feet)
Elevators/Escalators (number)	Outside Parking (number)	Parking Area (sq. feet)

**The following items must be submitted:**

**Residential**

New single family residences: four (4) sealed site grade plans as per site drainage requirements sheet; three (3) complete prints shall include the highlighted information below.

Residential additions/alterations: three (3) complete prints, which shall include the highlighted information below.

**All residential drawings shall include: electrical, mechanical & plumbing detail; elevations; floor plan; wall section; foundation plan; truss/roof design; door/window schedules**

**Commercial /Industrial**

Five (5) sealed and signed construction documents for new construction and additions/alterations. Note: Soil Erosion & Sedimentation Control Permit application shall be made to Wayne County Department of Environment-734-326-3936.

**Airport Projects**

Three (3) full size & one (1) half size sealed and signed construction documents; one (1) specification book if applicable.

**Notes**

- An original application must be submitted.
- All submittals must include a street address. Address requests are available at the City of Romulus Tax Assessor's Office.
- A copy of the permittee's State of Michigan Photo I.D./ Driver License is required.
- A copy of the licensee's State of Michigan Builders License is required for residential construction (Registration Fee - \$26.00).
- A licensed contractor may authorize another person to submit for and secure permit in his/her behalf; the authorized person must have an original, notarized letter stating that they are permitted to do so and is his/her acting agent.
- Separate applications are required for demolitions and signage.
- Failure to execute a permit within six (6) months of application approval by the Dept. of Building & Safety may result in the disposal of plans without notification to the applicant.

**The applicant is required to complete the following items for new construction:**

- Soil bearing capacity: The soil bearing used for this design is \_\_\_\_\_ PSF. This value is \_\_\_ Presumed \_\_\_ Verified.
- Building Systems: Please check appropriate items: \_\_\_ complete sprinkler, \_\_\_ partial sprinkler, \_\_\_ fire alarm, \_\_\_ emergency power, \_\_\_ complete detection system, \_\_\_ partial detection system. For partial systems, show area protected on plans or by letter.
- Mechanical information: Total output rating of each heating unit is \_\_\_\_\_ BTU. Number of Units: \_\_\_\_\_.  
Refrigeration: Full Partial None. Number of units to be installed \_\_\_\_\_.  
Primary fuel source is: Gas Oil Electric L.P. Coal Wood Solar

**Plan Review Fee Schedule:**

First \$3,000,000 of construction cost x .0013, remainder of construction cost x .0005 (minimum fee \$100.00)	
Electrical Plan Review:	25% of building plan review fee if ampacity of more than 400 amperes for the service or feeder and if the floor area is more than 3,500 sq. ft. or may be required for projects of an unusual design
Mechanical Plan Review:	25% of building plan review fee
Plumbing Plan Review:	25% of building plan review fee
Fire Dept. Plan Review:	25% of building plan review fee
Site Grade Review (residential construction only):	\$116.00 (residential construction only)
Outside Utility Fee:	(if applicable - reference "How to Obtain a Commercial/Industrial Building Permit Guide Sheet)

**Plan Review Fees:**

Building Review	\$ _____
Electrical Review	\$ _____
Mechanical Review	\$ _____
Plumbing Review	\$ _____
Fire Dept. Review	\$ _____
Site Grade Review	\$ _____
Outside Utility Review Fee	\$ _____
<b>Total Review Fee Due</b>	<b>\$ _____</b>



**DEPARTMENT USE ONLY**

**Zoning Plan Review**

Lot Area \_\_\_\_\_ Lot Coverage(%) \_\_\_\_\_

Zoning District \_\_\_\_\_

Planning Commission Approval \_\_\_ Yes \_\_\_ No Planning Commission Number \_\_\_\_\_

Board of Zoning Appeals \_\_\_ Yes \_\_\_ No Board of Zoning Appeals Number \_\_\_\_\_

Variance Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Plan Review Transmittals</b>	<b>#1 Date</b>	<b>Initials</b>	<b>#2 Date</b>	<b>Initials</b>	<b>#3 Date</b>	<b>Initials</b>	<b>#4 Date</b>	<b>Initials</b>
Engineering								
Planning								
Dept. of Public Works								
Fire Department								
Health Department								

Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DPW Approval**

\_\_\_\_\_ Date \_\_\_\_\_

Authorized Signature

	<b>Date Issued</b>	<b>Permit Number</b>	<b>Permit Fee</b>
<b>BUILDING PERMIT</b>			\$
<b>FOUNDATION ONLY PERMIT</b>			\$
<b>STRUCTURAL PERMIT ONLY</b>			\$
<b>OTHER</b>			\$

**Approved by** \_\_\_\_\_ **Date** \_\_\_\_\_

**Remarks** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_