

VILLAGE OF OXFORD  
 Building Services Department  
 22 West Burdick, P.O. Box 94, Oxford, MI  
 48371-0094  
 248-628-2543



## BUILDING PERMIT APPLICATION

Applicant to Complete All Items in Sections I, II, III, IV, V and VI.

Note: Separate Permits May Be Necessary for Plumbing, Mechanical, and Electrical Work.

Additional documents may include a soil erosion control permit, if required by County.

<b>I. PROJECT OF FACILITY INFORMATION</b>			
PROJECT NAME		ADDRESS	
<b>II. APPLICANT CONTACT INFORMATION</b>			
<b>A. APPLICANT</b>			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER
EMAIL ADDRESS			
<b>B. OWNER</b>			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER
EMAIL			
<b>C. ARCHITECT / ENGINEER</b>			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER
EMAIL			
LICENSE NUMBER			EXPIRATION DATE
<b>D. Contractor</b>			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER

MAIL	
BUILDERS LICENSE NUMBER	EXPIRATION DATE
FEDERAL EMPLOYER NUMBER (OR REASON FOR EXEMPTION)	
WORKERS COMP INSURANCE CARRIER (OR REASON FOR EXEMPTION)	
UNEMPLOYMENT INSURANCE AGENCY EMPLOYER ACCOUNT NUMBER (OR REASON FOR EXEMPTION)	
<b>III. TYPE OF JOB</b>	
<b>A. TYPE OF IMPROVEMENT</b>	

- New Building     
  Alteration     
  Addition     
  Pre-Manufactured  
 Foundation Only     
  Accessory Structure / Shed

Accessory Structure ONLY:

Area of Proposed Structure \_\_\_\_\_  
 Height of Proposed Structure \_\_\_\_\_  
 Setbacks of Proposed Structure

Front \_\_\_\_\_  
 Rear \_\_\_\_\_  
 Side \_\_\_\_\_

**B. PLAN REVIEW REQUIREMENTS**

Three (3) sets of construction documents are required with each permit application, unless waived by the Building Official when code compliance can be determined based on the description in the application.

**Construction documents** must be sealed and signed by an architect or professional engineer in accordance with 1980, PA 299 as amended. The seal and signature is not required for one and two family dwellings less than 3,500 square feet of calculated floor area and public work projects less than \$15,000 in total construction cost.

**For buildings regulated by the Michigan Building Code, three (3) sets of construction documents must be submitted and approved before a building permit can be issued.**

**GIVE A BRIEF DESCRIPTION OF THE PROJECT:** \_\_\_\_\_

**C. RESIDENTIAL – BUILDINGS REGULATED BY THE MICHIGAN RESIDENTIAL CODE**

- Single Family                     
  Attached Garage  
 Multi-Family                     
  Detached Garage  
 No. of Units \_\_\_\_\_     
  Other

**B. NEW COMMERCIAL CONSTRUCTION – PROVIDE A BRIEF DESCRIPTION OF THE WORK TO BE COVERED BY THE BUILDING PERMIT:**

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V. BUILDING DATA							
A. TYPE OF MECHANICAL							
<b>FIRE SUPPRESSION</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>FORCED AIR</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>BOILER</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. CONSTRUCTION DIMENSIONS/DATA							

Total Area \_\_\_\_\_ sq. ft.

Basement \_\_\_\_\_ sq. ft.

First Floor \_\_\_\_\_ sq. ft.

Second Floor \_\_\_\_\_ sq. ft.

Attached garage \_\_\_\_\_ sq. ft.

Detached structure \_\_\_\_\_ sq. ft.

Deck \_\_\_\_\_ sq. ft.

**Estimated Cost of Construction:**            \$ \_\_\_\_\_

*Note: This includes the costs of materials and labor to complete the project, including all trades.*

VI. 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.		
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 a residential structure. Violators of section 23a are subjected to civil fines.		
SIGNATURE OF OWNER (if owner is applicant)	TYPE OR PRINT	DATE
SIGNATURE OF OWNER'S AGENT	TYPE OR PRINT	DATE

**FOR DEPARTMENT USE ONLY – DO NOT WRITE BELOW THIS LINE**

No. of Construction Plans Received: \_\_\_\_\_

Permits Required:  Plumbing       Electrical       Mechanical       Chimney/Fireplace  
 Other (specify) \_\_\_\_\_

Plan Review Fee: \_\_\_\_\_

Permit Fee: \_\_\_\_\_

Bond: \_\_\_\_\_

Approvals	Required	Approved	Date	By
Site Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Fire Dept.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Police Dept.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
DPW	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Soil Erosion	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Variance	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No			

**ZONING**

District: \_\_\_\_\_

Setbacks:

Front      \_\_\_\_\_

Rear      \_\_\_\_\_

Side      \_\_\_\_\_

**Notes:**

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**VILLAGE USE ONLY**

\_\_\_\_\_ 1. Zoning Approval

\_\_\_\_\_ 2. Site Plan / Special Use Approval (if required)

\_\_\_\_\_ 3. Distribute Plans to:

- |   |   |
|---|---|
| <input type="checkbox"/> Building Official    | <input type="checkbox"/> DPW Director                     |
| <input type="checkbox"/> Zoning Administrator | <input type="checkbox"/> Police (verify with B. Official) |
| <input type="checkbox"/> Electrical Inspector | <input type="checkbox"/> Fire (verify with B. Official)   |
| <input type="checkbox"/> Mechanical Inspector | <input type="checkbox"/> DDA Director (if within DDA)     |
| <input type="checkbox"/> Plumbing Inspector   |   |

\_\_\_\_\_ 4. Receive Reviews from:

- |   |   |
|---|---|
| <input type="checkbox"/> Building Official    | <input type="checkbox"/> DPW Director                     |
| <input type="checkbox"/> Zoning Administrator | <input type="checkbox"/> Police (verify with B. Official) |
| <input type="checkbox"/> Electrical Inspector | <input type="checkbox"/> Fire (verify with B. Official)   |
| <input type="checkbox"/> Mechanical Inspector | <input type="checkbox"/> DDA Director (if within DDA)     |
| <input type="checkbox"/> Plumbing Inspector   |   |

\_\_\_\_\_ 5. Advise applicant if reviews have been approved or denied

\_\_\_\_\_ 6. If denied, applicant may re-submit plans for review. If approved, Building Permit may be issued.

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