

Permit # \_\_\_\_\_  
 Permit Cost \$ \_\_\_\_\_  
 Receipt # \_\_\_\_\_  
 Check # \_\_\_\_\_  
 BS&A # \_\_\_\_\_

**Building & Zoning Application**  
**Building Department**  
**301 Washington Avenue, Suite 211**  
**Bay City, MI 48708 – (989) 894-8162**



I. Job Location:	
Street Address	Is This Property Located in the Historic District? Yes      No

II. Property Owner Information:			
Property Owner:	Owner's Phone #:		
Owner Address:	City:	State:	Zip:
Owner E-Mail Address:			

III. Contractor Information:			
Contractor Name:	Contractor's Phone:	Cell # :	
Address:	City:	State:	Zip:
Builders License Number:	Expiration Date:	Email Address:	
Federal Employer ID:	MESC Employer Number:		
Contractor E-Mail Address:			
Workers Comp Insurance Carrier:			

IV. Architect / Engineer Information:			
Architect or Engineer Name:			Phone #:
Address:	City:	State:	Zip:
License Number:	Expiration Date:	Email Address:	

V. Type of Improvement & Plan Review:				
<input type="checkbox"/> New Building	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Repair	<input type="checkbox"/> Wrecking
<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Accessory	<input type="checkbox"/> Foundation Only	<input type="checkbox"/> Moving	<input type="checkbox"/> Other _____

VI. Use of Building:		
<input type="checkbox"/> One Family (R3)	<input type="checkbox"/> Motel (R1)	<input type="checkbox"/> Amusement (A1,2,3,5)
<input type="checkbox"/> Two Family (R3)	<input type="checkbox"/> Storage, Warehouse (S1,2)	<input type="checkbox"/> Church (A4)
<input type="checkbox"/> Multi Family (R2)	<input type="checkbox"/> Mercantile, Store (M)	<input type="checkbox"/> Factory (F1,2)
<input type="checkbox"/> Attached Garage (R3)	<input type="checkbox"/> Institutional (I1,2,3)	<input type="checkbox"/> Office, Business (B)
<input type="checkbox"/> Detached Garage (U)	<input type="checkbox"/> Educational (E)	<input type="checkbox"/> Other _____

**VII. Value of Construction:**

Value of Construction (Include Labor &amp; Materials): \$ \_\_\_\_\_

**VIII. Detailed Work Description:**


**VIII. Type of Construction:**

<input type="checkbox"/> Wood	<input type="checkbox"/> Heavy Timber	<input type="checkbox"/> Masonry, Steel	<input type="checkbox"/> Non-Combustible Type 2	<input type="checkbox"/> Non-Combustible Type 1
Number of Stories _____	Floor Area: (Square Foot)	1 <sup>st</sup> Floor _____	Basement _____	
		2 <sup>nd</sup> Floor _____	Other _____	
		3 <sup>rd</sup> Floor _____		

**Applicant is responsible for the payment of all required fees and charges and must provide the following information:****X. Applicant Information:**

Name:		Phone:		
Address:		City:	State:	Zip:
Federal ID # or Driver License #:	E-Mail Address:		Cell Phone /Contact Number:	

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 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. I agree to follow the requirements of the laws, codes and ordinances of the City of Bay City. I understand an inspector is authorized to inspect my construction until work is completed and a certificate of occupancy is issued. I understand it is my responsibility to notify the inspector when my construction is ready for inspection.

SECTION 23A OF THE STATE CONSTRUCTION CODE ACT OF 1972, ACT NO. 230 OF THE 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 ARE TO PERFORM WORK ON A RESIDENTIAL BUILDING OR A RESIDENTIAL STRUCTURE. VIOLATORS OF SECTION 23A ARE SUBJECT TO CIVIL FINES.

<b>Signature of Applicant:</b>	<b>Date:</b>
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**FOR CITY USE ONLY**

<b>REQUIRED:</b>		<b>APPROVED BY:</b>	
<input type="checkbox"/> BFD VARIANCE			
<input type="checkbox"/> BUILDING APPEAL		APPEAL NO.:	
<input type="checkbox"/> BUILDING PLAN REVIEW			
<input type="checkbox"/> ENGINEERING			
<input type="checkbox"/> FLOOD ZONE			
<input type="checkbox"/> SOIL EROSION			
<input type="checkbox"/> HISTORIC DISTRICT COMMISSION		DATE:	CASE NO.:
<input type="checkbox"/> ZONING APPROVAL		DATE:	
<input type="checkbox"/> ZONING BOARD OF APPEALS		DATE:	CASE NO.:
<input type="checkbox"/> ZONING SITE PLAN REVIEW		DATE:	

<b>COMMENTS:</b>	

<b>STIPULATIONS:</b>	

<b>APPROVED TO ISSUE BY:</b>	<b>DATE:</b>
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