

## Department of Community Development

7900 South Westnedge Avenue • Portage, Michigan 49002 • (269) 329-4477

Applicant must complete all items in Sections 1 through 5, if applicable.

Please note: Separate applications must be submitted for Plumbing, Mechanical, and Electrical Work Permits

1. PROJECT INFORMATION			
PROJECT NAME		ADDRESS	
2. IDENTIFICATION			
A. OWNER			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER
B. ARCHITECT OR ENGINEER			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER
LICENSE NUMBER			EXPIRATION DATE
C. BUILDING CONTRACTOR			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER
BUILDER'S LICENSE NUMBER	FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION		EXPIRATION DATE
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION		MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION	
D. TYPE OF DEVELOPMENT PROJECT			
<input type="checkbox"/> SITE PLAN <input type="checkbox"/> BUILDING PLAN <input type="checkbox"/> FINAL PLAN IN PLANNED DEVELOPMENT <input type="checkbox"/> SUBDIVISION <input type="checkbox"/> PRELIMINARY <input type="checkbox"/> FINAL PRELIMINARY <input type="checkbox"/> FINAL <input type="checkbox"/> CONDOMINIUM (SINGLE FAMILY DETACHED) <input type="checkbox"/> TENTATIVE <input type="checkbox"/> ENGINEERING <input type="checkbox"/> ACCEPTANCE <input type="checkbox"/> LAND DIVISION REQUIRING PUBLIC IMPROVEMENTS <input type="checkbox"/> LANDSCAPE PLAN <input type="checkbox"/> PUBLIC SANITARY SEWER MAIN <input type="checkbox"/> PUBLIC WATER MAIN <input type="checkbox"/> OTHER _____		<p>* A Portable Document Format (PDF) of the plans for the project is to be submitted upon formal approval of all projects. The submitted format shall be CD/DVD, or USB. If a PDF is not submitted, an additional \$25 fee, plus \$1 for each plan sheet after 20 sheets will apply.</p>	
3. PROJECT TYPE / BUILDING DATA			
PROJECT DESCRIPTION			
GROSS FLOOR AREA		CLASSIFICATION PER BUILDING CODE	
<input type="checkbox"/> NEW BUILDING _____ <input type="checkbox"/> ADDITION _____ <input type="checkbox"/> ALTERATION _____ <input type="checkbox"/> REPAIR _____		BUILDING USE _____ CONSTRUCTION TYPE _____ NO. OF OCCUPANTS _____ AREA/FLOOR _____ NO. FLOORS _____	
		PROJECT VALUATION	
		\$ _____	

**SELECTED CHARACTERISTICS OF BUILDING**

**A. WATER METER SIZE**

GENERAL USE SIZE

5/8"  3/4"  1"  1-1/2"  OTHER \_\_\_\_\_  IRRIGATION SIZE \_\_\_\_\_  FIRE SPRINKLER SIZE \_\_\_\_\_

**B. ELECTRICAL SERVICE SIZE**

200 AMP  400 AMP  600 AMP  800 AMP  1000 AMP  OTHER \_\_\_\_\_

**C. TYPE OF MECHANICAL**

AIR CONDITIONING?  YES  NO FIRE SUPPRESSION?  YES  NO HOOD SYSTEM?  YES  NO

**4. CONSTRUCTION PLANS SUBMITTED**

**REQUIRED SUBMITTALS FOR PLAN REVIEW**

**(Plans shall be signed and sealed when required in accordance with State of Michigan Act No. 299 of Public Acts of 1980.)**

**All plans shall be drawn on uniform sheets no greater than 30"x42".**

**All plans shall be drawn to an architectural scale.**

**All plans shall be clear, legible and accurate.**

**Plans shall be stapled along the left margin.**

TYPE OF PLAN SUBMITTED				
	YES	NO	NA	
BUILDING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>BUILDING CODE:</b> Site plan, foundation plan, soil bearing capacity, floor plans, building elevations, building sections, framing plans, details, roof plan, roof finish schedule, door schedule, roof live and dead loads.
ELECTRICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>ELECTRICAL CODE:</b> Lighting layout, circuiting, switching, conductor and raceway sizes, wattage schedule, service location and riser diagram, load calculations, and appropriate plans showing standard symbols of all electrical equipment.
PLUMBING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>PLUMBING CODE:</b> Site plan, floor plans, DWV riser diagrams and water distribution system and roof plan. Show direction of flow, pipe sizes, grade of horizontal piping, elevations, drainage fixture unit loading of both stacks and drains in the DWV system, supply fixture unit load for the water system, branch supplies serving more than one plumbing fixture, appliance or hose outlet, meter locations.
MECHANICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>MECHANICAL CODE:</b> Plans indicating heating equipment, air conditioning equipment, ductwork material and layout, fire dampers, ventilation of rooms and areas, location of chimneys and vents, piping layouts, kitchen equipment layout, combustion air. (Plans for fire suppression systems maybe submitted after permit issuance, but are required prior to installation.)
				<b>ENERGY CODE:</b> Floor plans, building sections, details, average annual degree days, exterior envelope component materials, "U" values of elements, "R" values of insulating materials, size and type of apparatus and equipment, energy calculations.

**PLEASE NOTE - Additional plan review fee(s) required for all non-concurrent plan submittals.**

**5. APPLICANT INFORMATION** PRINT CLEARLY

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION:

NAME		TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

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 I AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE STATE OF MICHIGAN AND ORDINANCES OF THE CITY OF PORTAGE. ALL INFORMATION SUBMITTED ON THE APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

**E-MAIL ADDRESS:**

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE \_\_\_\_\_

**VALIDATION - FOR DEPARTMENT USE ONLY**

USE GROUP \_\_\_\_\_ APPLICATION NO. \_\_\_\_\_

TYPE OF CONSTRUCTION \_\_\_\_\_ DATE APPLICATION RECEIVED \_\_\_\_\_

PLAN REVIEW SUBMITTED?  YES  NO FEES RECEIVED \_\_\_\_\_ INVOICE # \_\_\_\_\_