



RESIDENTIAL AND MULTI-FAMILY BUILDING APPLICATION

RESIDENTIAL NEW CONSTRUCTION-\$781
\$31 APPLICATION FEE AND \$750 ENGINEERING PLOT PLAN REVIEW FEE

RESIDENTIAL ADDITION/ALTERATION/REPAIR-\$31 APPLICATION FEE

ADDITIONAL PERMIT FEES WILL APPLY

CITY OF AUBURN HILLS COMMUNITY DEVELOPMENT DEPARTMENT
1827 N SQUIRREL RD., AUBURN HILLS, MI 48326
(248) 364-6900

CITY USE ONLY

PB#: _____

ADDRESS: _____

DATE RECEIVED: _____

PLAN DRAWER: _____

PROJECT INFORMATION

ADDRESS	PROJECT NAME	ZONING
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PARCEL NUMBER	PROJECT DESCRIPTION
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PROPERTY OWNER(S)

NAME		EMAIL ADDRESS		
ADDRESS	CITY	STATE	ZIP	TELEPHONE #

CONTRACTOR

COMPANY NAME		LICENSEE		
ADDRESS	CITY	STATE	ZIP	
EMAIL ADDRESS		TELEPHONE #		

APPLICANT (LICENSEE OR HOMEOWNER)

NAME		TELEPHONE #		
ADDRESS	CITY	STATE	ZIP	

PURPOSE OF PROJECT

☐ NEW CONSTRUCTION ☐ ALTERATION ☐ DEMOLITION ☐ ADDITION ☐ REPAIR
☐ ROOF ☐ DECK ☐ MOBILE HOME ☐ PRE-MANUFACTURED ☐ OTHER

CITY USE ONLY CALCULATIONS & STIPULATIONS		REGISTRATION FEE		PLAN REVIEW FEE			
		BUILDING PERMIT FEE		IMAGING FEE			
		FEES BASED ON					
		ENG		DPW		ZBA/SLU	
		APPROVED BY: _____ DATE: _____					

***PLEASE VERIFY THAT ALL
INFORMATION IS COMPLETELY
FILLED OUT***

SQUARE FOOTAGE OF IMPROVEMENT:	
TOTAL COST OF IMPROVEMENT:	

BREAKDOWN OF TOTAL AREA	EXISTING	ALTERATION	NEW
SQUARE FOOTAGE OF HOME			
HEIGHT OF PRIMARY STRUCTURE			
SQUARE FOOTAGE OF ACCESSORY BUILDING			
TYPE OF CONSTRUCTION			
<input type="checkbox"/> 1A <input type="checkbox"/> 1B <input type="checkbox"/> 2A <input type="checkbox"/> 2B <input type="checkbox"/> 3A <input type="checkbox"/> 3B <input type="checkbox"/> 4 <input type="checkbox"/> 5A <input type="checkbox"/> 5B			
USE GROUP			
<input type="checkbox"/> A-1 <input type="checkbox"/> A-2 <input type="checkbox"/> A-3 <input type="checkbox"/> A-4 <input type="checkbox"/> A-5 <input type="checkbox"/> B <input type="checkbox"/> E <input type="checkbox"/> F-1 <input type="checkbox"/> F-2 <input type="checkbox"/> H-1 <input type="checkbox"/> H-2 <input type="checkbox"/> H-3 <input type="checkbox"/> H-4 <input type="checkbox"/> H-5 <input type="checkbox"/> I-1 <input type="checkbox"/> I-2 <input type="checkbox"/> I-3 <input type="checkbox"/> I-4 <input type="checkbox"/> M <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4 <input type="checkbox"/> S-1 <input type="checkbox"/> S-2 <input type="checkbox"/> U			

PROPOSED STRUCTURE	PROPOSED USE
<input type="checkbox"/> ONE FAMILY	<input type="checkbox"/> DWELLING
<input type="checkbox"/> MULTI-FAMILY	<input type="checkbox"/> STORAGE
<input type="checkbox"/> DETACHED GARAGE	<input type="checkbox"/> RECREATION
<input type="checkbox"/> ATTACHED GARAGE	<input type="checkbox"/> OTHER _____
PLEASE ENTER THE SQUARE FOOTAGE FOR THE FOLLOWING:	
CRAWLSPACE	1 ST FLOOR
BASEMENT	2 ND FLOOR

SUBMITTAL REQUIREMENTS
<ol style="list-style-type: none"> COMPLETED AND SIGNED APPLICATION PACKET THREE COPIES OF BUILDING PLANS SIZE 24" X 36" A PLOT PLAN THAT SHOWS: <ul style="list-style-type: none"> LOT DIMENSIONS ALL EXISTING AND PROPOSED STRUCTURES INCLUDING LOCATION AND DIMENSIONS ALL SETBACKS OF EXISTING AND PROPOSED STRUCTURES ALL UTILITY LINE LOCATIONS ABOVE AND/OR UNDERGROUND WHEN POSSIBLE ANY OTHER PERTINENT FEATURES/INFORMATION (BODIES OF WATER/WETLANDS/STEEP GRADES, ETC.) APPLICATION FEE <ul style="list-style-type: none"> NEW RESIDENTIAL- \$781 (\$31 APPLICATION FEE & \$750 ENGINEERING REVIEW) ADDITION/ALTERATION/REPAIR- \$31 A COPY OF THE APPLICANT'S DRIVER'S LICENSE A COPY OF STATE CONTRACTOR'S LICENSE COPY OF LIABILITY INSURANCE CERTIFICATE

NUMBER OF STORIES	
NUMBER OF UNITS	
ZONING	

SETBACKS	
FRONT	
REAR	
SIDE	
SIDE	
TOTAL LOT AREA	

FIRE SUPPRESSION
<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> FULL SYSTEM

EXPIRATION OF PERMIT:

A PERMIT REMAINS VALID AS LONG AS INSPECTIONS ARE REQUESTED, AND WORK IS BEING COMPLETED. A PERMIT SHALL BECOME INVALID IF WORK IS NOT COMPLETED WITHIN 180 DAYS AFTER THE ISSUANCE OF THE PERMIT OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER COMMENCING THE WORK. A PERMIT WILL BE CLOSED WHEN NO INSPECTIONS ARE REQUESTED AND COMPLETED WITHIN 180 DAYS OF THE DATE OF ISSUANCE OR THE DATE OF THE PREVIOUS INSPECTION. CLOSED PERMITS CANNOT BE REFUNDED. THE CHARGE TO RE-OPEN A PERMIT IS \$52.00

CONTRACTORS / LICENSEES AND HOMEOWNERS

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. BY SIGNING BELOW, I ATTEST THAT THE STATEMENTS, SPECIFICATIONS, AND PLANS SUBMITTED WITH THIS APPLICATION ARE TRUE AND COMPLETE AND CONTAIN A CORRECT DESCRIPTION OF THE BUILDING OR STRUCTURE, LOT OR PARCEL, OR PROPOSED WORK. I FURTHER ATTEST THAT THIS APPLICATION COMPLIES WITH THE REQUIREMENTS OF MCL 125.1510 AND THAT I AM PERSON AUTHORIZED UNDER MCL 125.1510(2) TO MAKE THE STATEMENTS AND ATTESTATIONS CONTAINED IN THIS APPLICATION UNDER MCL 125.1510 (2).

SIGNATURE OF LICENSEE OR HOMEOWNER

DATE: _____

LICENSEE: I HEREBY CERTIFY THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND 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 JURISDICTION.

HOMEOWNER AFFIDAVIT: (SIGNATURE ABOVE INDICATES COMPLIANCE WITH THIS HOMEOWNER AFFIDAVIT): I HEREBY CERTIFY THE BUILDING WORK DESCRIBED ON THIS PERMIT APPLICATION SHALL BE INSTALLED **BY MYSELF IN MY OWN HOME** WHICH I AM LIVING IN OR ABOUT TO OCCUPY. ALL WORK SHALL BE INSTALLED IN ACCORDANCE WITH THE BUILDING CODE AND SHALL NOT BE ENCLOSED, COVERED UP, OR PUT INTO OPERATION UNTIL IT HAS BEEN INSPECTED AND APPROVED BY THE BUILDING INSPECTOR. I WILL COOPERATE WITH THE INSPECTOR AND ASSUME THE RESPONSIBILITY TO ARRANGE FOR NECESSARY INSPECTIONS.

GENERAL:

BUILDING WORK SHALL NOT BE STARTED UNTIL THE PERMIT HAS BEEN ISSUED BY THE CITY OF AUBURN HILLS COMMUNITY DEVELOPMENT DEPARTMENT. ALL INSTALLATIONS SHALL BE IN COMPLIANCE WITH MICHIGAN BUILDING CODES. **No work SHALL BE CONCEALED UNTIL IT HAS BEEN INSPECTED.** WHEN READY FOR AN INSPECTION, PLEASE CALL THE INSPECTION LINE AT (248) 364-6949. INSPECTION REQUESTS RECEIVED BEFORE 4PM ON A BUSINESS DAY, CAN BE SCHEDULED FOR THE NEXT BUSINESS DAY.