

# APPLICATION FOR BUILDING & ZONING PERMIT NON-RESIDENTIAL

CHARTER TOWNSHIP OF COMMERCE, MICHIGAN  
2840 FISHER @ COMMERCE MI 48390  
Telephone (248) 960-7060 Fax (248) 624-5384

Permit #: \_\_\_\_\_

Issued Date: \_\_\_\_\_

## LOT INFORMATION

Site address: \_\_\_\_\_ Sidwell: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_ Lot size: \_\_\_\_\_ ft wide \_\_\_\_\_ ft deep

Water  Municipal  Well Permit # \_\_\_\_\_  Water front  In Flood Zone  Corner lot

Sewer  Municipal  Septic Permit # \_\_\_\_\_  Wetlands  Interior lot

Variance granted:  Yes  No Date of approval: \_\_\_\_\_ Easements: \_\_\_\_\_

Site Plan #: \_\_\_\_\_ Approval Date: \_\_\_\_\_ Construction approval date: \_\_\_\_\_

## OWNER INFORMATION

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## APPLICANT (if other than owner, copy of signed contract is required)

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## FOR TOWNSHIP USE ONLY

PERMIT FOR: \_\_\_\_\_

ADMINISTRATIVE FEE

PLAN REVIEW

ZONING REVIEW

IN  OUT

SQUARE FOOTAGE: \_\_\_\_\_

BUILDING PERMIT

ESTIMATED COST: \$ \_\_\_\_\_

BOND

USE GROUP: \_\_\_\_\_

Electrical permit needed

Plumbing permit needed

CONSTRUCTION TYPE: \_\_\_\_\_

Mechanical permit needed

Fire Suppression

Sign

APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

Sewer

Water

REU'S: \_\_\_\_\_

**DETAIL OF PROJECT:** \_\_\_\_\_

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> New construction   | <input type="checkbox"/> Alteration    | <input type="checkbox"/> Demo partial/unit    | <input type="checkbox"/> Sales trailer |
| <input type="checkbox"/> New suite buildout | <input type="checkbox"/> Repair        | <input type="checkbox"/> Demo partial/unit    | <input type="checkbox"/> Sales event   |
| <input type="checkbox"/> Addition           | <input type="checkbox"/> Remodel suite | <input type="checkbox"/> Construction trailer | <input type="checkbox"/> Other: _____  |

**Use group:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> A-1 Assembly (theaters)         | <input type="checkbox"/> E (Educational)                           | <input type="checkbox"/> I-3 (Institutional, restrained) |
| <input type="checkbox"/> A-2 Assembly (restaurants, bar) | <input type="checkbox"/> F-1 (Factory/industrial, moderate hazard) | <input type="checkbox"/> I-4 (Institutional, day care)   |
| <input type="checkbox"/> A-3 Assembly (churches, halls)  | <input type="checkbox"/> F-2 (Factory/industrial, low hazard)      | <input type="checkbox"/> M (Mercantile)                  |
| <input type="checkbox"/> A-4 Assembly (arenas)           | <input type="checkbox"/> I-1 (Institutional, supervised)           | <input type="checkbox"/> S-1 (Storage moderate hazard)   |
| <input type="checkbox"/> B (Business, office)            | <input type="checkbox"/> I-2 (Institutional, incapacitated)        | <input type="checkbox"/> S-2 (Storage low hazard)        |

**Construction Type:**  1-A  1-B  2-A  2-B  3-A  3-B  4  5-A  5-B

What hazardous materials are stored or used? \_\_\_\_\_ Will fire suppression be installed?  No  Yes

Will flammable liquids/substances be used, stored or manufactured incidental to occupancy?  No  Yes Flash point? \_\_\_\_\_ Quantity? \_\_\_\_\_

Is any portion of building used for shipping or receiving room into which motor vehicles are driven?  No  Yes

State the number of employees: Male: \_\_\_\_\_ Female: \_\_\_\_\_ If used for place of assembly, what is the total seating capacity? \_\_\_\_\_

**NEW CONSTRUCTION:**

- |   |   |   |
|---|---|---|
| <b>Frame:</b> <input type="checkbox"/> Masonry/wall bearing | <b>Foundation:</b> <input type="checkbox"/> Concrete slab/footing | <b>Basement:</b> <input type="checkbox"/> Footing |
| <input type="checkbox"/> Wood frame                         | <input type="checkbox"/> Block                                    | <input type="checkbox"/> Pier                     |
| <input type="checkbox"/> Structural steel                   | <input type="checkbox"/> Wood                                     | <input type="checkbox"/> Pile                     |
| <input type="checkbox"/> Reinforced Concrete                | <input type="checkbox"/> Crawl space/footing                      | <input type="checkbox"/> Other: _____             |

**Size of Building:** Wide: \_\_\_\_\_ ft by Long: \_\_\_\_\_ ft by High: \_\_\_\_\_ ft **Number of stories:** \_\_\_\_\_

**Basement sq. ft.** New \_\_\_\_\_ Existing \_\_\_\_\_ Alterations \_\_\_\_\_ Total \_\_\_\_\_

**First floor sq. ft.** New \_\_\_\_\_ Existing \_\_\_\_\_ Alterations \_\_\_\_\_ Total \_\_\_\_\_

**Second floor sq. ft.** New \_\_\_\_\_ Existing \_\_\_\_\_ Alterations \_\_\_\_\_ Total \_\_\_\_\_

**Volume of building:** \_\_\_\_\_ **cubic feet** **Total square footage:** \_\_\_\_\_

**Estimated Cost:** \$ \_\_\_\_\_

**ALL OTHER CONSTRUCTION:**

**First floor sq. ft.** New \_\_\_\_\_ Existing \_\_\_\_\_ Alterations \_\_\_\_\_ Total \_\_\_\_\_

**Second floor sq. ft.** New \_\_\_\_\_ Existing \_\_\_\_\_ Alterations \_\_\_\_\_ Total \_\_\_\_\_

**Estimated cost:** \$ \_\_\_\_\_ **Total square footage:** \_\_\_\_\_

**SIGNS**

- Wall sign  Ground sign  Temporary sign

Square footage: \_\_\_\_\_ Size of Building: Wide: \_\_\_\_\_ ft by Long: \_\_\_\_\_ ft

Height of sign: \_\_\_\_\_ Size of Sign: Wide: \_\_\_\_\_ ft by Long: \_\_\_\_\_ ft

Estimated Cost: \$ \_\_\_\_\_

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 and The Charter Township of Commerce. All information submitted on this application is accurate to the best of my knowledge.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_