



Charter Township of Plymouth

Department of Building and Code Enforcement

9955 N Haggerty Rd

Plymouth, Michigan 48170-4673

Building Department (734) 354-3210

Inspection Line (734) 414-1399

I. LOCATION OF BUILDING/IMPROVEMENT			
ADDRESS			
CITY/VILLAGE	LOT#	SUB	ZONING
BETWEEN		AND	
II. IDENTIFICATION			
A. OWNER OR LESSEE			
NAME		TELEPHONE NO	
ADDRESS	CITY	STATE	ZIP CODE
B. ARCHITECT OR ENGINEER			
NAME		TELEPHONE NO	
ADDRESS	CITY	STATE	ZIP CODE
LICENSE NO.		EXPIRATION DATE	
C. CONTRACTOR			
NAME		TELEPHONE NO	
ADDRESS	CITY	STATE	ZIP CODE
BUILDERS LICENSE NO.		EXPIRATION DATE	
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION			
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION			
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION			
III. TYPE OF IMPROVEMENT AND PLAN REVIEW			
A. TYPE OF IMPROVEMENT			
1. <input type="checkbox"/> New Building	2. <input type="checkbox"/> Addition	3. <input type="checkbox"/> Alteration	4. <input type="checkbox"/> Repair
5. <input type="checkbox"/> Wrecking	6. <input type="checkbox"/> Mobile Home Set-up	7. <input type="checkbox"/> Foundation Only	8. <input type="checkbox"/> Premanufacture
9. <input type="checkbox"/> Relocation			
B. REVIEW(S) TO BE PERFORMED			
<input type="checkbox"/> Building	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Electrical
<input type="checkbox"/> Energy			

TYPE/USE GROUP

IV. PROPOSED USE OF BUILDING

A. RESIDENTIAL - For "wrecking" show most recent use

- | | | |
|--|--|--|
| 14. <input type="checkbox"/> One Family | 15. <input type="checkbox"/> Two or More Families
(no. of units _____) | 16. <input type="checkbox"/> Hotel, Motel
(no. of units _____) |
| 17. <input type="checkbox"/> Attached Garage | 18. <input type="checkbox"/> Detached/Accessory | 19. <input type="checkbox"/> Other |

B. NON-RESIDENTIAL - For "wrecking" show most recent use

- | | | |
|---|--|---|
| 20. <input type="checkbox"/> Amusement | 21. <input type="checkbox"/> Church, Religious | 22. <input type="checkbox"/> Industrial |
| 23. <input type="checkbox"/> Parking Garage | 24. <input type="checkbox"/> Service Station | 25. <input type="checkbox"/> Hospital, Institutional |
| 26. <input type="checkbox"/> Office, Bank, Professional | 27. <input type="checkbox"/> Public Utility | 28. <input type="checkbox"/> School, Library, Educational |
| 29. <input type="checkbox"/> Store, Mercantile | 30. <input type="checkbox"/> Tanks, Towers | 31. <input type="checkbox"/> Other |

NONRESIDENTIAL - Describe in detail proposed use of building, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.

V. SELECTED CHARACTERISTICS OF BUILDING

A. PRINCIPAL TYPE OF FRAME

- | | | |
|---|--|--|
| 1. <input type="checkbox"/> Masonry, Wall Bearing | 2. <input type="checkbox"/> Wood Frame | 3. <input type="checkbox"/> Structured Steel |
| 4. <input type="checkbox"/> Reinforced Concrete | 5. <input type="checkbox"/> Other | |

B. PRINCIPAL TYPE OF HEATING FUEL

- | | | | |
|---------------------------------|---------------------------------|---|---|
| 6. <input type="checkbox"/> Gas | 7. <input type="checkbox"/> Oil | 8. <input type="checkbox"/> Electricity | 9. <input type="checkbox"/> Other _____ |
|---------------------------------|---------------------------------|---|---|

C. TYPE OF SEWAGE DISPOSAL

- | | |
|--|--|
| 10. <input type="checkbox"/> Public or Private Company | 11. <input type="checkbox"/> Septic System |
|--|--|

D. TYPE OF WATER SUPPLY

- | | |
|--|--|
| 12. <input type="checkbox"/> Public or Private Company | 13. <input type="checkbox"/> Private Well or Cistern |
|--|--|

E. TYPE OF MECHANICAL

- | | |
|--|---|
| 14. Will there be air conditioning? <input type="checkbox"/> yes <input type="checkbox"/> no | 15. Will there be an elevator? <input type="checkbox"/> yes <input type="checkbox"/> no |
|--|---|

F. DIMENSIONS

- | | |
|---|---|
| 16. Number of stories _____ | 17. Floor Area: 1st & 2nd Floor _____ |
| | 3rd - 10th Floor _____ |
| Lot Coverage _____% | |
| 18. Total Building Area in Ground Contact _____ | 19. Total Land Area (square feet) _____ |

G. NUMBER OF OFF STREET PARKING SPACES

- | | |
|--------------------|--------------------|
| 20. Enclosed _____ | 21. Outdoors _____ |
|--------------------|--------------------|

