



# BUILDING PERMIT APPLICATION

City of Center Line  
7070 E. 10 Mile Rd.  
Center Line, MI 48015  
Phone (586)757-6800 Fax (586)755-0790  
[www.centerline.gov](http://www.centerline.gov)

Please circle one in each column:

**Permit Type:**

Building  
Demolition  
Miscellaneous

**Class:**

Residential  
Commercial  
Multi-Family  
Industrial  
Other \_\_\_\_\_

**Sub-class:**

New Construction  
Remodel/Addition  
Garage/Shed  
Deck  
Strip & Re-Roof  
Other \_\_\_\_\_

**ALL FIELDS MUST BE FILLED IN – INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

**PROPERTY ADDRESS & PROPERTY OWNER INFORMATION**

\_\_\_\_\_ Street #

\_\_\_\_\_ Street Name

\_\_\_\_\_ Property Owner Name

\_\_\_\_\_ Property Owner Mailing Address (IF different than property address)

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip Code

\_\_\_\_\_ Phone Number

**NOTE: ALL CONTRACTORS MUST COMPLETE A CONTRACTOR REGISTRATION FORM**

**APPLICANT INFORMATION**

\_\_\_\_\_ Applicant Name

\_\_\_\_\_ Street #

\_\_\_\_\_ Street Name

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip Code

\_\_\_\_\_ Phone Number

**ALL REQUESTED INFORMATION MUST BE PROVIDED  
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

**ALL RESIDENTIAL CONSTRUCTION: (New/Remodel/Additions)**

Construction Cost: \$ \_\_\_\_\_ (Include all costs including driveways, etc. but no land values)

Square Footage: \_\_\_\_\_ (Include all habitable area on all floors including all finished basement area and bonus rooms)

Bedrooms \_\_\_\_\_ Bathrooms: Full \_\_\_\_\_ Half \_\_\_\_\_ # of Stories \_\_\_\_\_

Water/Sewer Utilities: New \_\_\_\_\_ Existing \_\_\_\_\_

Finish Floor Elevation: \_\_\_\_\_ Finish Grade Elevation: \_\_\_\_\_

**All other construction: Commercial/Industrial/Multi-Family**

Construction Cost: \$ \_\_\_\_\_ (Include all costs except the fixtures and site improvements)

Square Footage: \_\_\_\_\_ (Total area using outside dimensions)

MBC use group(s) \_\_\_\_\_ MBC Construction Type: \_\_\_\_\_

Sprinkler System Type: \_\_\_\_\_

Mezzanine: Yes No If yes, area is \_\_\_\_\_

Specific use(s) of structure: \_\_\_\_\_

# of Fire Areas: \_\_\_\_\_ Has Knox Box been ordered? Yes No

Is special inspection list attached? Yes No

**Architect: (if applicable)**

\_\_\_\_\_  
Name Business Name

\_\_\_\_\_  
Street # Street Name

\_\_\_\_\_  
City State Zip Code Phone Number

\_\_\_\_\_  
Fax Number

**ALL SUBMISSIONS MUST INCLUDE TWO (2) COPIES OF THE CONSTRUCTION DOCUMENTS. ONE COPY MUST BE A FULL SIZE COPY TO SCALE AND THE OTHER MUST BE NO LARGER THAN 11"X17". ALL REDUCED COPIES MUST BE FULLY LEGIBLE. REVERSED TEXT DRAWINGS WILL NOT BE ACCEPTED.**

**Describe in detail the scope of the work:**

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Permits are not transferable as to person or place and are not refundable. Issuance of a permit does not guarantee compliance with a building or other code. Homeowners must complete work themselves or hire licensed contractors. Completed work must be inspected immediately. The applicant shall be responsible for obtaining permits and inspections and payment of fees. If work is started before a permit is issued, an additional investigative fee will be assessed.

Section 23a of the State Construction Code Act of 1972, Act 230 of Public Acts of 1972, being section 125.15321 of the Michigan Compiled Laws, prohibits a person from conspiring to circumvent the licensing requirements of the 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.

As the applicant, I have read and understand the conditions listed above.

\_\_\_\_\_  
Applicant's signature (see affidavit below)

\_\_\_\_\_  
Date

**IF THE APPLICANT IS NOT THE OWNER, THE AFFIDAVIT BELOW MUST BE COMPLETED BY THE APPLICANT. A COPY OF THE SIGNED CONTRACT OR A SEPARATE AFFIDAVIT MAY BE SUBMITTED IN LIEU OF COMPLETING THE AFFIDAVIT.**

**Non-Owner Applicant Affidavit:**

I, \_\_\_\_\_ hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner, \_\_\_\_\_ of \_\_\_\_\_ to act as his/her/their authorized agent for the purpose of applying for, and obtaining, the permit herein requested.

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.

\_\_\_\_\_  
Applicant's signature (see affidavit below)

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

	Fees:	Paid:
Permit Fee:	_____	_____
Bond:	_____	_____
Plan Review:	_____	_____
Contractor Registration:	_____	_____
Investigative Fee:	_____	_____
Other:	_____	_____
Total:	_____	_____

\_\_\_\_\_  
Approval Signature

\_\_\_\_\_  
Date

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_