

VILLAGE OF OXFORD

Building, Zoning & Planning Dept.

22 W Burdick

Oxford, MI 48371

(248) 628-2543

BUILDING PERMIT APPLICATION

Please type or print clearly

Project Information

Type of Improvement/Project Name: _____

Address: _____

Property ID #: _____

Owner/Lessee Information

Name: _____ Phone: (____) _____

Address: _____

City: _____

State: _____

Zip: _____

Architect /Engineer Information

Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

License Number: _____

Expiration Date: _____

Contractor Information

Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

License Number: _____ Expiration Date: _____

Federal Employer ID Number or Reason for Exemption: _____

Workers Comp Insurance Carrier or Reason for Exemption: _____

MEBSC Employer Number or Reason for Exemption: _____

Type of Improvement

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Repair/Replace | <input type="checkbox"/> Foundation Only |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Demolition | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Moving/Relocation | |

Proposed Use

Residential

- | | |
|--|--|
| <input type="checkbox"/> Single Family | <input type="checkbox"/> Garage |
| <input type="checkbox"/> Multiple Family | <input type="checkbox"/> Other (specify) _____ |

Non-Residential

- | | | |
|--|---|--|
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Hospital | <input type="checkbox"/> Tanks/Towers |
| <input type="checkbox"/> Church | <input type="checkbox"/> Office | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Public Utility | |
| <input type="checkbox"/> Garage/Commercial | <input type="checkbox"/> School/Education | |
| <input type="checkbox"/> Service Station | <input type="checkbox"/> Retail | |

Non-residential: Please describe in detail proposed use of building -

Building Characteristics

_____ Number of Stories _____ Construction Type _____ Total Land Area
 _____ Use Group _____ No. of Occupants

Floor Area:	Existing	Alteration	New
Basement	_____	_____	_____
1 st Floor	_____	_____	_____
2 nd Floor	_____	_____	_____
3 rd Floor	_____	_____	_____
Total Area	_____	_____	_____

Principal Type of Frame

- | | | |
|-------------------------------------|--|--------------------------------|
| <input type="checkbox"/> Masonry | <input type="checkbox"/> Structural Steel | <input type="checkbox"/> Other |
| <input type="checkbox"/> Wood Frame | <input type="checkbox"/> Reinforced Concrete | |

<u>Type of Mechanical</u>	<u>Number of Off Street Parking Spaces</u>
Will there be air conditioning? <input type="checkbox"/> Yes <input type="checkbox"/> No	Enclosed _____ Outdoors _____
Will there be fire suppression? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Cost of Improvement \$ _____

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 a residential structure. Violators of section 23a are subjected to civil fines.

APPLICANT SIGNATURE: _____ DATE: _____

Do Not Write Below This Line - For Office Use Only

No. of Construction Plans Received: _____ Permits Required: ___ Electric ___ Mech. ___ Plumbing
 Plan Review Fee: _____ ___ Chimney/fireplace ___ Other (specify) _____
 Approved By: _____ Date: _____ Permit Fee: _____ Bond: _____

Approvals	Required	Approved	Date	By
Site Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Fire Dept.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Police Dept.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
DPW	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Soil Erosion	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Variance	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Rev. 3/00

