



COMMERCIAL DEVELOPMENT APPLICATION

Department of Community Development
7900 South Westnedge Avenue – Portage, Michigan 49002 – (269) 329-4477

Applicant must complete all items in sections 1-9 (if applicable).

Please note: Separate applications must be submitted for Plumbing, Mechanical and Electrical Work Permits

No Work is to Start Prior to the Issuance of Building Permit

1) PROJECT INFORMATION

| | |
|---------------------|---------|
| Project Description | Address |
|---------------------|---------|

2) IDENTIFICATION (OWNER)

| | | | |
|------|---------|-----|-------|
| Name | Address | | |
| City | State | Zip | Phone |

3) ARCHITECT OR ENGINEER

| | | |
|----------------|-----------------|-------|
| Name | Address | City |
| State | Zip | Phone |
| License Number | Expiration Date | Email |

4) BUILDING CONTRACTOR

| | | |
|--------------------------------|----------------------|-------|
| Company name | Address | City |
| State | Zip | Phone |
| Email | Federal Employer ID | |
| Builder License Number | Expiration Date | |
| Workers Comp Insurance Carrier | MESC Employer Number | |

5) TYPE OF DEVELOPMENT PROJECT

- Site Plan Building Plan Final Plan in Planned Development
 Subdivision Condominium Land Division Requiring Public Improvements
 Landscape Plans Public Water Main Public Sanitary Sewer Main

Other: _____ ***(Note: Please provide a Portable Document Format (PDF) of the plans for the project at time of document submittal. The submitted format shall be CD/DVD or USB. If a PDF is not submitted, an additional \$25 fee plus \$1 for each plan sheet after 20 sheets will apply.)***

6) TYPE OF IMPROVEMENT

- New Building Alteration Addition Repair Demolition Foundation Only
 Relocation Special Inspection Solar Other: _____

7) DESCRIPTION OF WORK

A) _____

B) Valuation of Project: \$ _____

C) Any known soil and/or groundwater contamination? Yes No

8) CHARACTERISTICS OF THE BUILDING

A) Water Meter Size

- 5/8" 3/4" 1" 1 1/2"
- Other _____ Irrigation Size _____ Fire Sprinkler Size _____

B) Electric Service Size

- 200 AMP 400 AMP 600 AMP 800 AMP 1000 AMP Other _____

C) Type of Mechanical

- Air Conditioning? Yes No Fire Suppression? Yes No Hood System? Yes No

9) CONSTRUCTION PLANS SUBMITTED

Required submittals for plan review:

- Plans shall be signed and sealed when required in accordance with State of Michigan Act No.299 of Public Acts of 1980.
- All plans shall be drawn on uniform sheets no greater than 30"X42".
- All plans shall be drawn to an architectural scale.
- All plans shall be clear, legible and accurate.
- Plans shall be stapled along the left margin.

Type of Plan Submitted:

- Building Electrical Plumbing Mechanical Energy

Building Code: Site plan, foundation plan, soil bearing capacity, floor plans, building elevations, building sections, framing plan, details, roof plan, roof finish schedule, roof live and dead loads.

Electric Code: Lighting layout, circuiting, switching, conductor and raceway sizes, wattage schedule, service location and riser diagram, load calculations, and appropriate plans showing standard symbols of all electrical equipment.

Plumbing Code: Site plan, floor plans, DWV riser diagrams and water distribution system and roof plan, Show direction of flow, pipe sizes, grade of horizontal piping, elevations, drainage fixture unit loading of both stacks and drains in the DWV system, supply fixture unit load for the water system, branch supplies serving more than one plumbing fixture, appliance or hose outlet, meter locations.

Mechanical Code: Plans indicating heating equipment, air conditioning equipment, ductwork material and layout, fire dampers, ventilation of rooms and areas, location of chimneys and vents, piping layouts, kitchen equipment layout, and combustion air. (Plans for fire suppression systems may be submitted after permit issuance, but are required prior to installation.)

Energy Code: Floor plans, building sections, details, average annual degree days, exterior envelope components materials, "U" values of elements, "R" values of insulating materials, size and type of apparatus and equipment, energy calculations.

Note: Additional plan review fee(s) required of all non-concurrent plan submittals

APPLICANT INFORMATION

Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information:

| | |
|---------|-------|
| Name | Phone |
| Address | City |
| State | Zip |

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 I agree to conform to all applicable laws of the State of Michigan and ordinances of the City of Portage. All information submitted on the application is accurate to the best of my knowledge.

Signature of Applicant: _____ **Date:** _____

FOR DEPARTMENTAL USE ONLY

- | | | |
|---|--|--|
| <input type="checkbox"/> Vacant | <input type="checkbox"/> F-2: Factory (Low Hazard) | <input type="checkbox"/> I-4: Institutional (Day Cares, ETC.) |
| <input type="checkbox"/> A-1: Assembly (Theaters) | <input type="checkbox"/> H-1: High Hazard (Detonation) | <input type="checkbox"/> M: Mercantile |
| <input type="checkbox"/> A-2: Assembly (Restaurants) | <input type="checkbox"/> H-2: High Hazard (Deflagration) | <input type="checkbox"/> R-1: Residential (Hotels, Motels, ETC.) |
| <input type="checkbox"/> A-3: Assembly (Library, ETC.) | <input type="checkbox"/> H-3: High Hazard (Physical) | <input type="checkbox"/> R-2: Residential (Multi Family, ETC.) |
| <input type="checkbox"/> A-4: Assembly (Indoor Sports) | <input type="checkbox"/> H-4: High Hazard (Health) | <input type="checkbox"/> R-3: Residential (1 & 2 Fam. Townhomes) |
| <input type="checkbox"/> A-5: Assembly (Outdoor Sports) | <input type="checkbox"/> H-5: High Hazard (HPM) | <input type="checkbox"/> R-4: Residential (Assisted living) |
| <input type="checkbox"/> B: Business | <input type="checkbox"/> I-1: Institutional (Supervised) | <input type="checkbox"/> S-1: Storage (Moderate hazard) |
| <input type="checkbox"/> E: Educational | <input type="checkbox"/> I-2: Institutional (Hospital) | <input type="checkbox"/> S-2: Storage (Low hazard) |
| <input type="checkbox"/> F-1: Factory (Moderate hazard) | <input type="checkbox"/> I-3: institutional (Prisons) | <input type="checkbox"/> U: Utility (Garage, Shed) |

CHARACTERISTICS OF BUILDING

Frame:

- Masonry Wood Frame Structural Steel Reinforced Concrete Other

Heating System:

- Gas Electricity Solar Other _____

New Sewer Connection:

- Yes No

New Water Connection:

- Yes No

Type of Mechanical:

- (Y) Air Conditioning (Y) Fire Suppression

DIMENSIONS / DATA

Number of Stories _____ Use groups _____ Construction Type _____

Number of Occupants _____

| Floor Area | Existing | Alterations | New |
|-----------------------|----------|-------------|-----|
| Basement | | | |
| 1 st Floor | | | |
| 2 nd Floor | | | |
| 3 rd Floor | | | |
| 4 th Floor | | | |
| 5 th Floor | | | |
| Total | | | |