



Grand Haven Charter Township  
 13300 168<sup>th</sup> Avenue, Grand Haven, MI 49417  
 Phone: (616) 842-5988 | Fax: (616) 842-9419 | building@ght.org

**Commercial/Industrial  
Plan Examination**

**Separate Applications Must be Completed for Plumbing, Mechanical, or Electrical Work Permits**

<b>I. Job Location</b>				
Job Location			Date	
Parcel #	Name of City, Village, or Township Job is located <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township of: Grand Haven Charter Township			
<b>II. Owner or Lessee</b>				
Owner or Business Name			Business Address	
City	State	Zip	Email	
Business Phone	Cell		Fax	
<b>III. Architect or Engineer</b>				
Architect or Business Name			Business Address	
City	State	Zip	Email	
Phone	Cell		Fax	
State License #			Expiration Date	
<b>IV. Contractor Information</b>				
Contractor or Business Name			Business Address	
City	State	Zip	Email	
Phone	Cell		Fax	
<b>V. Plan Review Required</b>				
Detailed construction documents are required with each application for a permit. Construction documents must be sealed and signed by an architect or professional engineer in accordance with 1980, PA 299 as amended.				
<b>Plans attached</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>				
<b>VI. Certification</b>				
<i>I hereby certify that I am the owner of record of the named property, or 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 authorized agent and agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.</i>				
Signature of Applicant			Date	
Print Name/Title				



**G. Dimensional Data (List the figures below and ensure they are noted on the plans)**

Topic	Dimension	Topic	Total Number	Topic	Square Footage
Street Frontage	Feet	New Residential Units		Lot Area	Sqft
Front Setback	Feet	Existing Residential Units		Building Area	Sqft
Rear Setback	Feet	Stories		Parking Area	Sqft
Left Setback	Feet	Bedrooms		Living Area	Sqft
Right Setback	Feet	Full Baths		Basement Area	Sqft
Height Above Grade	Feet	Partial Baths		Garage Area	Sqft
		Windows		Office Area	Sqft
		Fireplaces		Service Area	Sqft
		Elevators/Escalator		Manufacturing Area	Sqft
		Garages			
		Enclosed Parking			
		Outside Parking			

**H. Value of Construction Project**

**Total value of project minus the price of lot:**  
\$

**VIII. Notice to Applicant**

GENERAL: Work shall not be undertaken until a Commercial/Industrial Building Permit is issued. All installations shall be in conformance with the Building Code. **No work shall be concealed until it has been inspected and approved. All provisions of the laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of the construction.**

EXPIRATION OF PERMIT: A permit shall become invalid if the authorized work is not commenced within 180 days after issuance of the permit or if the authorized work is suspended or abandoned for a period of six months after the time of commencing the work. A permit will be cancelled when no inspections are requested and conducted within 180 days of the date of issuance or the date of a previous inspection. Cancelled permits cannot be refunded or reinstated.

SCHEDULING INSPECTIONS: Applicant is responsible for arranging all required inspection until the permit is finalized. Call at least 24 hours in advance to schedule an inspection and include job location and permit number.

IX. Building Data (to be completed by local governing agency)	
Use of Building	Permit Fee
Change of Use to	Type of Construction
Maximum Occupancy Load	Use Group
Number of Dwelling Units	Fire Sprinklers Required <input type="checkbox"/> Yes <input type="checkbox"/> No
Size of Building (Total Square Feet)	Off-Street Parking Spaces Required _____
	Off-Street Parking Spaces Provided _____
Plan Reviewed By	Approved for Issuance By
Date Reviewed	Date Approved

X. Local Government Agency To Complete This Section						
TYPE OF DOCUMENTATION	REQUIRED?		APPROVED	DATE	NUMBER	BY
A. Proof of Ownership	YES	NO				
B. Site Plan (Showing Proposed Setbacks)	YES	NO				
C. Survey	YES	NO				
D. Water Supply (Public / Private) <b>Circle One</b>	YES	NO				
E. Septic or Sewer (Public / Private) <b>Circle One</b>	YES	NO				
F. EGLE Permit	YES	NO				
G. Erosion Control Permit	YES	NO				
H. GHT Driveway Permit	YES	NO				
I. OCRC Driveway Permit	YES	NO				
J. 5 Sets of Construction Documents	YES	NO				
K. Energy Code Compliance Documents	YES	NO				
L. Interior & Exterior High Efficacy Lighting	YES	NO				
M. HVAC Load Calculations	YES	NO				
N. Other	YES	NO				

Zoning District Information	
Zoning Approval Signature	Date

## APPLICATION FOR SPECIAL INSPECTION / INSPECTOR

This form must be completed by the BUILDING PERMIT APPLICANT

This statement must be completed and approved before the building permit can be issued

<b>I. Location of Building</b>			
Address			
City	State	Zip	Parcel Number
<b>II. Applicant Information</b>			
Applicant Name		Address	
City	State	Zip	Email
Phone	Cell		Fax
<b>III. Materials and Work Subject to Special Inspection (<i>check all that apply</i>)</b>			
	A. Steel Fabrication	Is fabricator ASIC Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	B. Steel Erection ( <i>bolts, nuts, washers, material, welding, cutting, etc.</i> )		
	C. Masonry Construction Operations ( <i>material: proportioning, mixing, consistency and application of mortar and grout; condition, size, location and spacing of reinforcement; cold and/or hot protection; etc.</i> )		
	D. Concrete ( <i>material; condition, size, location and spacing of reinforcement; placement techniques; cold and/or hot protection, etc.</i> )		
	E. Precast Concrete ( <i>must have a quality control program administered by an approved agency</i> )		
	F. Precast Concrete Erection ( <i>compliance with erection drawings; cutting; etc.</i> )		
	G. Wood Fabrication ( <i>trusses, lam beam, micro lams, I-joists, etc.</i> )		
	H. Soils		
	I. Other: _____		
<p><b>Report Requirements:</b> Special inspectors shall keep records of all inspections. The special inspector shall furnish inspection reports to the code official, and the registered design professional of record. All discrepancies shall be brought to the immediate attention of the contractor for correction. If the discrepancies are not corrected, the discrepancies shall be brought to the attention of the code official and the registered design professional of record.</p>			
<p><b>Unless otherwise specified by the Code Official:</b></p> <ul style="list-style-type: none"> <li>• <b>Special inspection reports shall be delivered to the code official before covering or concealing structural elements.</b></li> <li>• <b>A final report of inspections documenting completion of all required special inspections and corrections of any discrepancies noted in the inspections shall be submitted prior to the issuance of a Certificate of Occupancy.</b></li> </ul>			
<b>IV. Special Inspection Information</b>			
<b>A. STEEL FABRICATION</b>			
Company Name			
Address			

List the name, educational background, experience, licenses and any other credentials for each inspector that will be conducting the inspections (*attach additional sheets if needed*):

**B. STEEL ERECTION**

Company Name

Address

List the name, educational background, experience, licenses and any other credentials for each inspector that will be conducting the inspections (*attach additional sheets if needed*):

**C. MASONRY CONSTRUCTION**

Company Name

Address

List the name, educational background, experience, licenses and any other credentials for each inspector that will be conducting the inspections (*attach additional sheets if needed*):

**D. CONCRETE CONSTRUCTION**

Company Name

Address

List the name, educational background, experience, licenses and any other credentials for each inspector that will be conducting the inspections (*attach additional sheets if needed*):

**E. PRECAST CONCRETE**

Company Name

Address

List the name, educational background, experience, licenses and any other credentials for each inspector that will be conducting the inspections (*attach additional sheets if needed*):

**F. PRECAST CONCRETE ERECTION**

Company Name

Address: (Street, City, State, Zip)

List the name, educational background, experience, licenses and any other credentials for each inspector that will be conducting the inspections (*attach additional sheets if needed*):

**G. WOOD FABRICATION**

Company Name

Address

List the name, educational background, experience, licenses and any other credentials for each inspector that will be conducting the inspections (*attach additional sheets if needed*):

**H. SOILS**

Company Name

Address

List the name, educational background, experience, licenses and any other credentials for each inspector that will be conducting the inspections (*attach additional sheets if needed*):

**I. OTHER (PREPARED FILL)**

Company Name

Address

List the name, educational background, experience, licenses and any other credentials for each inspector that will be conducting the inspections (*attach additional sheets if needed*):

**V. CONFLICT OF INTEREST**

**Each special inspector must complete and sign the following conflict of interest form (*make additional copies if needed*)**

Name of Special Inspector or Firm

Are you, or your spouse, employed or in any way affiliated with the contractor or fabricator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

If yes, please explain your affiliation:

Is the contractor or fabricator related to you by blood or marriage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

Do you, or your spouse, own stock in the contractor's or fabricator's company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

Do you, or your spouse, have any financial affiliation with the contractor's or fabricator's?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

**I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that false statements herein are sufficient grounds for rejection of the application. I understand that my statements herein are a material consideration in case of appointment.**

Signature of Inspector	Date
------------------------	------