



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<br><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   |  |     |                  |  |

**VII. Project Description**

**A. Class of Work**

Residential                       Commercial                       Industrial                       Other \_\_\_\_\_

**B. Type of Improvement**

New Building                       Addition                       Alteration                       Repair/Replace  
 Demolition                       Relocation                       Foundation Only                       Change of Use

**C. Proposed Use (Check all that apply)**

| Assembly                                | Educational   | Factory                                  | Institutional                       | Residential                           | Other                                       |   |
|---|---|--|-------------------------------------|---------------------------------------|---|---|
| <input type="checkbox"/> Theatre        | <input type="checkbox"/> Grades 1 - 12  | <input type="checkbox"/> Moderate Hazard | <input type="checkbox"/> Group Home | <input type="checkbox"/> Hotel/Motel  | <input type="checkbox"/> Parking Garage     |   |
| <input type="checkbox"/> Night Club     | <input type="checkbox"/> Day Care Facility  | <input type="checkbox"/> Low Hazard      | <input type="checkbox"/> Hospital   | <input type="checkbox"/> Multi-Family | <input type="checkbox"/> Carport            |   |
| <input type="checkbox"/> Restaurant     | <b>Storage</b><br><input type="checkbox"/> Moderate Hazard<br><input type="checkbox"/> Low Hazard | <input type="checkbox"/> High Hazard     | <input type="checkbox"/> Jail       |                                       | <input type="checkbox"/> Motor Fuel Service |   |
| <input type="checkbox"/> Church         |   |  | <input type="checkbox"/> Mercantile |                                       | <input type="checkbox"/> Repair Garage      |   |
| <input type="checkbox"/> Other Assembly |   |  |                                     |                                       |   | <input type="checkbox"/> Public Utility |
| <input type="checkbox"/> Business       |   |  |                                     |                                       |   | <input type="checkbox"/> HPM            |

**D. Detailed Description of Work (REQUIRED)**

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**E. Structural Frame**

Steel    Masonry    Concrete    Wood    Other \_\_\_\_\_

**F. Exterior Walls**

Steel    Masonry    Concrete    Wood    Other \_\_\_\_\_

Are any **structural assemblies** fabricated off site?    YES    NO

**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<br><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 |



## COMMERCIAL & INDUSTRIAL REQUIRED DOCUMENTS FOR A PLAN EXAMINATION

*(Any building or structure other than one- & two-family dwellings, townhouses, and their accessory buildings)*

If the plan submission is not complete, the missing items from the lists below will be highlighted for clarifications, completions and/or corrections. The highlighted list will be provided to the applicant. When a complete plan submission is submitted, the township will proceed with a plan examination.

1. **Site Plan** – A Site Plan must be approved by the Planning Commission and/or Township Board. The Site Plan must be prepared by an architect, planner, designer, or engineer.
2. **Codes** – All plans shall comply with and list on the compliance sheet:
  - 2015 Michigan Building Code or 2015 Michigan Rehabilitation Code for Existing Buildings
  - ICC/ANSI A117.1 – 09
  - 2015 Michigan Energy Code (MEC) – ASHRAE 90.1-2013
  - 2017 National Electric Code (NEC) with Michigan Amendments
  - 2015 Michigan Mechanical Code (MMC)
  - 2018 Michigan Plumbing code (MPC)
  - 2015 International Fire Code
3. **Five (5) Complete Printed Hardcopy Sets of Construction Documents** – The construction documents must be signed and sealed by a State of Michigan licensed architect or engineer, and the construction documents shall include:
  - If the proposed project is for an existing building / structure, plans for the existing building / structure shall be submitted in addition to the proposed project plans.
  - State of Michigan permits: EGLE, MDARD, MDOT, BFS, MDHHS, etc.
  - Ottawa County Health Department permits: well, septic, soil erosion, food service, etc.
  - Right-of-way permit issued by: Ottawa County or City of Grand Haven
  - Grand Haven Charter Township (GHCT) municipal water and sewer approval
  - Building / Structure address(es) assigned by the GHCT Fire / Rescue Department
  - Completed special inspections application.
  - Geo-Technical Report (*if it is a new or altered foundation*)
  - Specifications (*unless otherwise noted on a drawing*)
  - Structural design calculations
  - Energy code compliance documents: Building envelop, HVAC, interior and exterior lighting.
  - Electrical plans
  - Mechanical plans
  - Plumbing plans
  - Fire suppression system plans
  - Fire alarm system plans
  - Statement of maximum quantities of materials to stored or used.

#### 4. Building Plan Requirements

The building plans shall be fully dimensioned, detailed, and labeled. The building plans shall include the following:

- Foundation plans
- Floor plans: including space areas, occupancy and use classifications, and occupant load.
- Roof plans
- Elevation drawings
- Cross section drawings
- Wall construction detail drawings
- Window, door, and door hardware schedules
- Building envelope detail drawings
- Locations, types, and ratings of all fire rated assemblies noted on floor plans.
- Detailed drawings and listing documents for all fire rated assemblies.
- Structural loading information
- Use and occupancy classifications for all spaces (*or each use group of a mixed-use group*)
- Height & area calculations
- Fire separation distances, all sides
- Accessory occupancies: including spaces areas, occupancy and use classifications, and occupant load.
- Type of construction
- Separations of occupancies or non-separated occupancies
- Occupant load for each use group area and total occupant load
- Means of egress: including exit locations, exit widths, travel paths, travel distances, and number of occupants to each exit.
- Accessibility design details, specifications, and sizes and locations of required spaces and clearances
- Special use & occupancy requirements

**When ALL the above information has been submitted, the  
Township will proceed with a Plan Examination\***

*\*Grand Haven Township will examine the required documents, and if needed the plan examination process may be contracted-out.*

## 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 |
|------------------------|------|