

**CITY OF SAGINAW
INSPECTIONS DIVISION
1315 S. WASHINGTON AVE.
SAGINAW, MI 48601
(989) 759-1421**

**Requirements for Obtaining Building Permits
from the
City of Saginaw**

Residential Structures

(One-and Two-Family Residential with *less* than 3,500 square feet)

- < Building Permit/Plan Review Application
- < Minimum of two (2) sets of plans that include the following:
 - Foundation and floor plans.
 - Roof and wall section.
 - Building elevations.
 - Site plan.

Commercial Structures

(Including One-and Two-Family Residential with *more* than 3,500 square feet)

- < Building Permit/Plan Review Application
- < Plan Review Fee
- < Two (2) sets of plans and specifications, with **original signature and seal** of an architect or engineer registered in the state of Michigan.

Mobile and Premanufactured Homes

- < Building Permit/Plan Review Application
- < Minimum of two (2) sets of plans for the foundation and the method of anchoring the unit to the foundation.
- < Site plan.
- < For Michigan approved premanufactured units; two (2) copies of the Building System Approval and the approved plans.

Instructions for Completing Application

Page 1 of the application: Complete all applicable sections. Note section II(c). If the homeowner is doing the construction, enter "Homeowner" in the contractor information space.

Page 2 of the application: Enter the information as required.

Page 3, Section VI of the application: Must be completed by the permit applicant and **signed**.

Section VII. Must be completed by the local governmental agency (city/township) for zoning (environmental) approval.

Building Permit Fees

Building permit fees may be obtained from the City of Saginaw by calling the Inspections Division, (989) 759-1421

You will need to furnish the following information when calling

- < Total square footage of the structure.
- < Use group (i.e., "R-3" use group for single family homes, "U" use group for detached garages, pole barns, etc.).
- < Type of construction ("5B" for wood frame construction).

If you submit your building permit application and plans without money, your application will be put on hold until such time that the fee is paid.

When to Call for an Inspection

Please call the building inspector's telephone number listed on your building permit at least two (2) days prior to the time you need an inspection. A minimum of three (3) inspections are required on most structures. It is the permit holders' responsibility to call for inspections, prior to the construction being covered.

Foundation Inspection

- < Footing Inspection - Prior to placing concrete in piers, trenches and formwork.
- < Backfill Inspection - Prior to backfill and after the footings, walls, waterproofing, and drain tile are installed.

Rough Inspection

The rough inspection is to be made after the roof, all framing, firestopping, bracing, electrical, mechanical, and plumbing rough installations are in place, and before the insulation is installed.

Final Inspection

The final inspection is to be made upon completion of the building or structure, and before occupancy occurs.



APPLICATION FOR BUILDING PERMIT

City of Saginaw
 Inspections Division
 1315 S. Washington
 Saginaw, MI 48601
 (989) 759-1421 Fax: (989) 759-1592

| | |
|---|--|
| AUTHORITY: P.A. 230 OF 1972, AS AMENDED COMPLETION: MANDATORY TO OBTAIN PERMIT PENALTY: PERMIT WILL NOT BE ISSUED | THE CITY OF SAGINAW WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS. |
|---|--|

**APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, V AND VI
 NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED
 FOR PLUMBING, MECHANICAL, AND ELECTRICAL WORK PERMITS**

| I. PROJECT INFORMATION | | | | |
|--|---------------|-----------------------|--------------------|------------------------|
| PROJECT NAME | | ADDRESS | | |
| CITY | VILLAGE | TOWNSHIP | COUNTY | ZIP CODE |
| BETWEEN | | AND | | |
| II. IDENTIFICATION | | | | |
| A. OWNER OR LESSEE | | | | |
| NAME | | ADDRESS | | |
| CITY | STATE | ZIP CODE | TELEPHONE NUMBER | |
| B. ARCHITECT OR ENGINEER | | | | |
| NAME | | ADDRESS | | |
| CITY | STATE | ZIP CODE | TELEPHONE NUMBER | |
| LICENSE NUMBER | | | EXPIRATION DATE | |
| C. CONTRACTOR | | | | |
| NAME | | ADDRESS | | |
| CITY | STATE | ZIP CODE | TELEPHONE NUMBER | |
| BUILDERS LICENSE NUMBER | | | EXPIRATION DATE | |
| FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION | | | | |
| WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION | | | | |
| MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION | | | | |
| III. TYPE OF IMPROVEMENT AND PLAN REVIEW | | | | |
| A. TYPE OF IMPROVEMENT | | | | |
| 1. NEW BUILDING | 3. ALTERATION | 5. DEMOLITION | 7. FOUNDATION ONLY | 9. RELOCATION |
| 2. ADDITION | 4. REPAIR | 6. MOBILE HOME SET-UP | 8. PREMANUFACTURE | 10. SPECIAL INSPECTION |
| B. REVIEW(S) TO BE PERFORMED | | | | |
| BUILDING | ELECTRICAL | MECHANICAL | PLUMBING | FOUNDATION |

IV. PROPOSED USE OF BUILDING

A. RESIDENTIAL

| | | |
|---|---------------------------------------|--------------------|
| 1. ONE FAMILY | 3. HOTEL, MOTEL NO. OF UNITS _____ | 5. DETACHED GARAGE |
| 2. TWO OR MORE FAMILY NO. OF UNITS _____ | 4. ATTACHED GARAGE | 6. OTHER _____ |

B. NON-RESIDENTIAL

| | | |
|---------------------|--------------------------------|----------------------------------|
| 7. AMUSEMENT | 11. SERVICE STATION | 15. SCHOOL, LIBRARY, EDUCATIONAL |
| 8. CHURCH, RELIGION | 12. HOSPITAL, INSTITUTIONAL | 16. STORE, MERCANTILE |
| 9. INDUSTRIAL | 13. OFFICE, BANK, PROFESSIONAL | 17. TANKS, TOWERS |
| 10. PARKING GARAGE | 14. PUBLIC UTILITY | 18. OTHER _____ |

DESCRIPTION OF WORK: DESCRIBE BELOW THE WORK BEING PERFORMED, IF WORK INCLUDES ROOFING OR SIDING ENTER AMOUNT OF MATERIAL BEING USED, INDICATE IF EXISTING MATERIAL IS BEING REMOVED AND INDICATE IF NEW SHEATHING MATERIAL IS BEING INSTALLED.

V. SELECTED CHARACTERISTICS OF BUILDING

A. PRINCIPAL TYPE OF FRAME

| | | | | |
|--------------------------|---------------|---------------------|------------------------|----------|
| 1. MASONRY, WALL BEARING | 2. WOOD FRAME | 3. STRUCTURAL STEEL | 4. REINFORCED CONCRETE | 5. OTHER |
|--------------------------|---------------|---------------------|------------------------|----------|

B. PRINCIPAL TYPE OF HEATING FUEL

| | | | | |
|--------|--------|----------------|---------|-----------|
| 6. GAS | 7. OIL | 8. ELECTRICITY | 9. COAL | 10. OTHER |
|--------|--------|----------------|---------|-----------|

C. TYPE OF SEWAGE DISPOSAL

| | |
|-------------------------------|-------------------|
| 11. PUBLIC OR PRIVATE COMPANY | 12. SEPTIC SYSTEM |
|-------------------------------|-------------------|

D. TYPE OF WATER SUPPLY

| | |
|-------------------------------|-----------------------------|
| 13. PUBLIC OR PRIVATE COMPANY | 14. PRIVATE WELL OR CISTERN |
|-------------------------------|-----------------------------|

E. TYPE OF MECHANICAL

| | | | | | |
|-------------------------------------|-----|----|-------------------------------------|-----|----|
| 15. WILL THERE BE AIR CONDITIONING? | YES | NO | 16. WILL THERE BE FIRE SUPPRESSION? | YES | NO |
|-------------------------------------|-----|----|-------------------------------------|-----|----|

F. DIMENSIONS/DATA

| | | 21. FLOOR AREA: | | |
|-----------------------|-------|------------------|-------------|-------|
| | | EXISTING | ALTERATIONS | NEW |
| 17. NUMBER OF STORIES | _____ | | | |
| 18. USE GROUP | _____ | BASEMENT | _____ | _____ |
| 19. CONST. TYPE | _____ | 1ST & 2ND FLOOR | _____ | _____ |
| 20. NO. OF OCCUPANTS | _____ | 3RD - 10TH FLOOR | _____ | _____ |
| | | 11TH - ABOVE | _____ | _____ |
| | | TOTAL AREA | _____ | _____ |

G. NUMBER OF OFF STREET PARKING SPACES

| | |
|--------------------|--------------------|
| 22. ENCLOSED _____ | 23. OUTDOORS _____ |
|--------------------|--------------------|

VI. APPLICANT INFORMATION

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION.

| | | | |
|---------|------|---------------|----------|
| NAME | | TELEPHONE NO. | |
| ADDRESS | CITY | STATE | ZIP CODE |

FEDERAL I.D. NUMBER/SOCIAL SECURITY NUMBER _____

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 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.

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.

SIGNATURE OF APPLICANT _____ **DATE** _____

| | |
|---------------------------------------|------------------------|
| PLAN REVIEW FEE ENCLOSED \$ _____ | VALUE OF WORK \$ _____ |
| BUILDING PERMIT FEE ENCLOSED \$ _____ | _____ |

VII. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION

| ENVIRONMENTAL CONTROL APPROVALS | | | | | |
|---------------------------------|--|----------|------|--------|----|
| | REQUIRED? | APPROVED | DATE | NUMBER | BY |
| A - ZONING | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| B - FIRE DISTRICT | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| C - POLLUTION CONTROL | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| D - NOISE CONTROL | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| E - SOIL EROSION | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| F - FLOOD ZONE | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| G - WATER SUPPLY | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| H - SEPTIC SYSTEM | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| I - VARIANCE GRANTED | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| J - OTHER | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |

VII. VALIDATION - FOR DEPARTMENT USE ONLY

| | |
|----------------------------|-----------------------------|
| USE GROUP _____ | BASE FEE _____ |
| TYPE OF CONSTRUCTION _____ | NUMBER OF INSPECTIONS _____ |
| SQUARE FEET _____ | |
| APPROVAL SIGNATURE _____ | |
| TITLE _____ | DATE _____ |

IX. SITE OR PLOT PLAN - FOR APPLICANT USE

A large grid area for drawing a site or plot plan. The grid consists of 20 columns and 30 rows of small squares, providing a space for the applicant to draw their site or plot plan.

OFFICE USE ONLY

An L-shaped line defining an area for office use only. The line starts at the top right of the page, extends horizontally to the left, then turns 90 degrees downward, and then extends vertically to the bottom of the page.