



APPLICATION FOR PLAN EXAMINATION

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

AGENCY USE ONLY

AUTHORITY: ACT 230, P.A. 1972, AS AMENDED COMPLETION: VOLUNTARY PENALTY: PLAN WILL NOT BE REVIEWED	THE CITY OF SAGINAW WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL, COLOR MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS.
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INSTRUCTIONS: SUBMIT APPLICATION, 2 SETS OF CONSTRUCTION DOCUMENTS SIGNED AND SEALED BY THE ARCHITECT/ENGINEER, AND FEE MADE PAYABLE TO THE CITY OF SAGINAW . **THE APPLICANT IS RESPONSIBLE FOR ALL FEES APPLICABLE TO THIS APPLICATION.**

PROJECT INFORMATION

PROJECT NAME		ADDRESS		
CITY	VILLAGE	TOWNSHIP	COUNTY	

BUILDING PERMIT AUTHORITY

ENFORCEMENT JURISDICTION	NAME OF BUILDING OFFICIAL		
ADDRESS	CITY	ZIP CODE	TELEPHONE NUMBER

BUILDING DATA

GROSS FLOOR AREA	CLASSIFICATION PER BUILDING CODE		
NEW BUILDING _____	BUILDING USE _____	HEATED	
ADDITION _____	CONSTRUCTION TYPE _____	AIR CONDITIONED	
ALTERATION _____	NO. OF OCCUPANTS _____	FIRE SUPPRESSED	
REPAIR _____	AREA/FLOOR _____	INSULATED	
	NO. FLOORS _____		

PLAN REVIEW REQUEST

BUILDING	ELECTRICAL	MECHANICAL	PLUMBING	OTHER _____
BARRIER FREE	FOOTING/FOUNDATION	FIRE SUPPRESSION	ENERGY	
AGENCY ISSUING PERMIT FOR PLAN REVIEW REQUEST			NAME OF CODE OFFICIAL	
ADDRESS	CITY	ZIP CODE	TELEPHONE NUMBER	

BUILDING OWNER

NAME (Company or Individual)			CONTACT PERSON	
ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER

ARCHITECT/ENGINEER

NAME (Company or Individual)				LICENSE NUMBER
ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER

APPLICANT

NAME OF COMPANY		APPLICANT NAME		SS # OR FEIN
ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER
APPLICANT SIGNATURE		TITLE	DATE	

Electrical Review

Reviewed by:

Phone:

Approved as Submitted

Corrections Required

Additional Review Fee Reqd

Plumbing Review

Reviewed by:

Phone:

Approved as Submitted

Corrections Required

Additional Review Fee Reqd

Mechanical Review

Reviewed by:

Phone:

Approved as Submitted

Corrections Required

Additional Review Fee Reqd

Fire Dept Review

Reviewed by: _____ Phone: _____

<input type="checkbox"/> Approved as Submitted
<input type="checkbox"/> Corrections Required
<input type="checkbox"/> Additional Review Fee Reqd