



# COMMERCIAL BUILDING PERMIT APPLICATION

Check # \_\_\_\_\_

## CITY OF TROY

DEPARTMENT OF BUILDING INSPECTIONS  
500 W. BIG BEAVER ROAD  
TROY, MICHIGAN 48084  
248-524-3352

Date: \_\_\_\_\_

**BUILDING**

**Project Information**  Electronic PDF Copies of the Sealed Plans & Application are Required & Preferred For All Commercial Projects  
 Send all submittal documents to Tommaso.Caporuscio@troymi.gov & Salim.Huertajr@troymi.gov for review

Job Address: \_\_\_\_\_ Suite # \_\_\_\_\_

Lot: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Parcel # \_\_\_\_\_

### Building Type

Commercial Size: \_\_\_\_\_ square feet

### Request for Building Permit To:

Construct  Complete  Add to  Alter  Repair  Demolish  Other \_\_\_\_\_

New Construction  Existing Structure  Tenant Space  Garage/Accessory Building  Deck  Pool  Roof

**Describe Scope of Work:** \_\_\_\_\_

ZONING: \_\_\_\_\_ USE GROUP: \_\_\_\_\_ CONST. TYPE: \_\_\_\_\_ SPRINKLED: Y / N

ESTIMATED COST OF CONSTRUCTION \$ \_\_\_\_\_ \$ \_\_\_\_\_  
By Contractor By Department

### Applicant Information

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

License # \_\_\_\_\_ Federal ID # \_\_\_\_\_ Comp. Carrier \_\_\_\_\_

Email: \_\_\_\_\_ Preferred Contact # /Name \_\_\_\_\_

Check if you would like email notification of any violations

### Property Owner Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT AND THAT I HAVE REVIEWED ALL DEED RESTRICTIONS WHICH MAY APPLY TO THIS CONSTRUCTION AND AM AWARE OF MY RESPONSIBILITY THEREUNDER.

Signature & Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

(Homeowners applying for the permit need to sign a homeowner's affidavit)

Section 23a of the state construction code act of 1972, 1972PA 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 subject to civil fines.

A SOIL EROSION PERMIT MAY BE NECESSARY FOR YOUR BUILDING PERMIT TO BE PROCESSED  
PLEASE SEE THE ENGINEERING DEPARTMENT

APPROVED BY:  Plan Commission  
 Board of Zoning Appeals  
 City Council

Date: \_\_\_\_\_  
Date: \_\_\_\_\_  
Date: \_\_\_\_\_

PLAN ANALYST COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPECIAL STIPULATIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Plan Review Fee Paid**      \$ \_\_\_\_\_      **Date** \_\_\_\_\_

Soil Erosion \_\_\_\_\_

**FEES DUE:**

Building Permit Fee      \$ \_\_\_\_\_

Sewer Fee      \$ \_\_\_\_\_

Certificate of Occupancy      \$ \_\_\_\_\_

Water Fee Due      \$ \_\_\_\_\_

Bond (refundable)      \$ \_\_\_\_\_

Structural Review Fee      \$ \_\_\_\_\_

Plan Review Fee      \$ \_\_\_\_\_

Plans    [ ] Rolled      [ ] Plan Review Comments

Add'l Plan Review Fee      \$ \_\_\_\_\_

[ ] Folded

Micro Film Charge      \$ \_\_\_\_\_

[ ] Attached

Grade Inspection      \$ \_\_\_\_\_

[ ] Scanned

Street Maintenance Fee      \$ \_\_\_\_\_

[ ] No Plans

Tree Deposit      \$ \_\_\_\_\_

Residential Bldg Contractor  
Registration (*exp. 5/31*)      \$ \_\_\_\_\_

**TOTAL DUE**      \$ \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

**Commercial Building Permit Application Addendum #1**

The following information is REQUIRED for the Commercial Plan Review process. Failure to give the requested information will delay the Plan Review process & approval.

Plans to be submitted in electronic form. All index sheets included and the electronic copy in the correct order as a PDF form. If it is not properly organized the applicant will be informed and the submitted file shall be corrected by the Architect/Design professional.

- **This information must be clear, correct & legible.** Hand writing must be clear, if you need assistance from the front counter staff. Please ask & we will be glad to help.
- **Must Supply Owner's: name, phone number(s), address and email(s).**  
Owner's name \_\_\_\_\_.  
Owner's phone number \_\_\_\_\_.  
Owner's address \_\_\_\_\_.  
Owner's email address \_\_\_\_\_.
- **Must Supply Occupant's: contact name, phone number(s), address and email(s).**  
Occupant's name \_\_\_\_\_.  
Occupant's phone number \_\_\_\_\_.  
Occupant's email address \_\_\_\_\_.
- **Must Supply Contractor's: name, phone number(s), address and email(s). (when available)**  
Contractor's name \_\_\_\_\_.  
Contractor's phone number \_\_\_\_\_.  
Contractor's address \_\_\_\_\_.  
Contractor's email address \_\_\_\_\_.
- **Must supply Architect's (Design professional &/or Engineer) of record: name, phone number(s), address and email(s).**  
Architect's name \_\_\_\_\_.  
Architect's phone number \_\_\_\_\_.  
Architect's address \_\_\_\_\_.  
Architect's email address \_\_\_\_\_.
  
- **Must supply full information for the staff related to the project at the Design Professional's Office. Project's Junior Architect, Project Manager at the Architect's or Design Professional's Office. Other staff related to the project: \_\_\_\_\_.**  
Phone number: \_\_\_\_\_ Email: \_\_\_\_\_
  
- **Must follow the rules of re-submittal ;**  
**You must submit one full set in electronic form via email to Salim.huertajr@troymi.gov containing the requested information. All revisions indicated, clouded, or otherwise identified.**
  - Indicate which plan sheet, detail, specification, or calculation shows the requested information.
  - Please send revisions to the attention of the plans examiner Tommaso.Caporuscio@troymi.gov with the building permit number noted.
  - Inform applicant that Owner, Architect/Design Professional, Tenant and Contractor will be copied on Plan Review correspondence.