



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 Tenant Space

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: _____



C.O.I. Certificate of insurance shall be provided by the responsible Architect, Engineer, Design Professional, or Awarded Contractor as recorded on the final issued permit. Commercial plans are required to be signed & sealed. All Architectural digital seals require a full 10-digit license number. Engineer seals require approval from the Building Plans Examiner. Design Professional Plans require a waiver of the requirement for an architectural seal.

**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.