



CITY OF DEARBORN COMMERCIAL BUILDING & RENOVATION PERMIT

- Commercial Building Permit-** New commercial building, structure, or additional square footage.
- Commercial Renovation Permit-** For interior or exterior remodeling, repairs, or Build-out.
 - Four (4) sets of a sealed land survey, sealed by a land surveyor for new construction.
 - Four (4) sets of drawings are required for all applications, showing the following:
 - Every sheet of every set shall be signed & sealed by a state-licensed architect or engineer

New construction Plans Require:

- . Site Plan
- . Foundation Plan
- . Floor Plan, identifying all rooms
- . Elevations
- . Section Plans
- . Electrical Plan
- . Plumbing Plan
- . Heating Plan
- . Parking lot Plans

Renovation Plans Require:

- . What will be removed
- . What will be added
- . Floor Plan, identifying all rooms
- . Complete floor, wall and ceiling detail
- . Section Plans
- . Electrical Plan
- . Plumbing Plan
- . Heating Plan
- . Parking lot Plans

The following inspections are required for a Commercial Building or Renovation Permits:

- | | |
|---|--|
| #210 Footing inspection before concrete | #235 Framing inspection after mechanical roughs |
| #216 Concrete floors before concrete | #237 Fire rated drywall inspection before mud and tape |
| #220 Basement backfill/drain tile exposed | #239 Fire resistant penetrations after drywall |
| #232 Insulation prior to drywall | #240 Final project inspection after mechanical finals |

The following permits may also be required to complete your project:

Plumbing Permit
Electrical Permit
HVAC Permit (Mechanical)

Concrete Permit
Soil Erosion Permit
Fire Alarm/Suppression Permit



City of Dearborn
PERMIT & PLAN REVIEW OFFICE
 16901 Michigan, Suite 6, Dearborn, MI 48126
 (313) 943-2442

For Office use only
Permit # _____
Date submitted _____
Intake initials _____

COMMERCIAL BUILDING or **RENOVATION PERMIT APPLICATION**

PERMIT APPLICATION ADDRESS _____

APPLICANT INFORMATION:

Applicant Name _____ Company Name _____

Applicant mailing Address _____

Applicant Telephone Number _____ Cell _____

Applicant EMAIL _____

BUSINESS OWNER INFORMATION:

Business Name _____ Business Owners Name _____

Mailing Address _____

Telephone Number _____ Email _____

Have you completed a Re-Occupancy application with Commercial Services? YES or NO (Circle one)

If yes, has your Building Inspection been completed? YES or NO (Circle one)

If the answers to the above are NO, is there a current C of O for this business? - YES or NO - C of O date _____

Note: If the above answers are NO, you MUST complete a Re-Occupancy application with Commercial Services before any permits will be released

DESCRIPTION OF PROPOSED WORK:

New Building Addition Renovation Exterior Interior

Use group	Construction type	Occupant load	Barrier free req'd	Fire walls	No. dwelling units
Square footage	Plumbing Permit Y or N	Electrical Permit Y or N	HVAC Permit Y or N	Parking Lot Permit Y or N	Service Walk Permit Y or N

CONSTRUCTION CONTRACT COST: \$ _____ (INCLUDE A COPY OF CONTRACT WITH APPLICATION)

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 in a residential building or a residential structure. Violators of section 23a are subjected to civil fines.

ARCHITECT or ENGINEER (that sealed plans):

Name _____ Address _____
Office Telephone No. _____ Cell _____
License Number _____ Expiration Date _____

PROPERTY OWNER INFORMATION/AFFIDAVIT:

I do hereby certify that I am the owner of the property herein described and that I have given the applicant herein named permission to perform the work described in this application:

Printed Name of Property Owner _____
Address _____
Home Phone Number _____ Cell _____
Signature of Property Owner _____

CONTRACTOR INFORMATION:

Application is hereby made for a permit to perform work as described in this application and the accompanying drawings, which are a part of this application. The acceptance of the permit shall constitute an agreement to abide by all codes and ordinances enforced by the City of Dearborn.

Business Name _____ Contractor name _____
Business Address _____ Dearborn Registration No. _____
Office Phone Number _____ Cell Phone _____
Signature of Contractor _____ Email _____

Subscribed and sworn to before me this _____ day _____ Month _____ Year

Notary Public, Wayne County, Michigan

My commission expires _____

FOR OFFICE USE ONLY

Note: Plan review fees are based on the following fee schedule:

Construction cost \$1-\$500K is **\$180**

Const. cost greater than \$500K = \$650 plus 0.0003 of const. value over \$500K

Use Group _____ Type of Const _____ = Cost/SF \$ _____ X Sq FT _____ =

(\$ _____ State ICC Const. value - \$500,000) 0.0003 + \$650 = \$ _____

- Application Complete
- Sealed Land Survey
- Four Sets of Drawings, signed and sealed

Staff Initials _____
Permit Number _____
Date Submitted _____

Plan Reviewer _____
Date Approved _____

Plan review fee (\$180 Min) \$ _____
Administrative \$ 42
Investigative Fee \$ _____

Building Permit fee \$ _____
Engineering \$ _____
Zoning \$ _____
Water Fee \$ _____
Soil Erosion \$ _____

PAY THIS AMOUNT \$ _____

DESIGN PROFESSIONAL DESIGNATION

ALL ENGINEERS/ARCHITECTS PREPARING CONSTRUCTION PLANS FOR PROJECTS WITHIN THE CITY OF DEARBORN MUST SUBMIT THEIR LICENSING INFORMATION FOR VERIFICATION.

INFORMATION MUST BE SUBMITTED ONE TIME ONLY.

ENGINEERS MAY ONLY PRACTICE WITHIN THEIR ENGINEERING DISCIPLINE OR FIELD OF STUDY.

A licensee shall undertake to participate in those phases of a project in which the licensee is competent. In the areas of a project involving architecture, professional engineering and land surveying in which the licensee lacks competence the licensee shall retain licensed professional associates for those phases of that project.” (Professional Engineers-General Rules-Part 3-Standards of Practice and Professional Conduct R339.16033)

DESIGN PROFESSIONAL INFORMATION

NAME:

NAME OF COMPANY:

ADDRESS:

PHONE NUMBER:

EMAIL:

LICENSE TYPE (CIRCLE ONE):

LICENSE NUMBER:

ENGINEERING ARCHITECTURE

FIELD OF STUDY:

EDUCATIONAL BACKGROUND:

(A LICENSEE SHALL NOT FALSIFY OR PERMIT MISREPRESENTATION OF THE ACEDMIC OR PROFESSIONAL QUALIFICATIONS OF THE LICENSEE OR LICENSEE’S ASSOCIATES. R339.16031)

NAME OF EDUCATIONAL INSTITUTION:

TYPE OF DEGREE:

* A COPY OF YOUR BACHELORS OR MASTERS DEGREE IS REQUIRED WITH THIS FORM.*

SIGNATURE:

DATE: