

CITY OF ROYAL OAK
BUILDING INSPECTION DEPARTMENT
Building Permit Application
Residential Projects

JOB SITE ADDRESS _____	DATE _____
<input type="checkbox"/> INTERIOR RENOVATIONS <input type="checkbox"/> ADDITION <input type="checkbox"/> NEW HOME <input type="checkbox"/> ACCESORY STRUCTURE <input type="checkbox"/> DEMO <input type="checkbox"/> OTHER	

PROPERTY OWNER INFORMATION:

NAME OF OWNER (PLEASE PRINT): _____			
OWNER ADDRESS: _____	CITY _____	STATE _____	ZIP CODE _____
OWNER TELEPHONE NUMBER: ()	FAX NUMBER: ()	_____	

ARCHITECT INFORMATION:

NAME (PLEASE PRINT): _____			
ADDRESS: _____	CITY _____	STATE _____	ZIP CODE _____
TELEPHONE NUMBER: ()	FAX NUMBER: ()	_____	

CONTRACTOR INFORMATION:

NAME (PLEASE PRINT): _____			
ADDRESS: _____	CITY _____	STATE _____	ZIP CODE _____
TELEPHONE NUMBER: ()	FAX NUMBER: (REQUIRED) ()	FEDERAL EMPLOYER ID NUMBER: _____	MESC NUMBER: _____
STATE LICENSE #: (REQUIRED) _____		WORKERS COMP INS CARRIER: _____	

APPLICANT INFORMATION: (Required)

NAME (PLEASE PRINT): _____			
ADDRESS: _____	CITY _____	STATE _____	ZIP CODE _____
TELEPHONE NUMBER: ()	FAX NUMBER: ()	_____	

State Clearly the nature of the proposed work: _____ _____ _____	
Estimated Project Value \$ _____	Estimated by Bldg. Dept. \$ _____

CITY OF ROYAL OAK

211 Williams Street
P.O. Box 64
Royal Oak, MI 48068-0064

Office: (248) 246-3210
Fax: (248) 246-3006
Inspection Requests: (248) 246-3234

Counter Hours: Mondays 1pm-5pm
Tuesdays-Thursdays 8am-5pm
Fridays 8am-12noon
CLOSED FOR LUNCH: 12noon – 1pm

www.ci.royal-oak.mi.us/code_enforcement/romain.htm

HOMEOWNER AFFIDAVIT

I CERTIFY THAT I AM FAMILIAR WITH THE PROVISIONS OF THE APPLICABLE ORDINANCE(S) AND CODES AND THE RULES GOVERNING THE TYPE OF INSTALLATION IN CONFORMANCE WITH THE ORDINANCE(S) AND CODES. IN MAKING THIS APPLICATION, I REALIZE **I AM ASSUMING THE RESPONSIBILITY OF A LICENSED CONTRACTOR.**

I AGREE TO NOTIFY THE BUILDING DEPARTMENT WITHIN 72 HOURS AFTER THE INSTALLATION IS COMPLETED SO THAT THE DEPARTMENT MAY MAKE ITS REQUIRED INSPECTION. I FURTHER AGREE TO KEEP ALL PARTS OF THE INSTALLATION EXPOSED UNTIL THE INSTALLATION IS ACCEPTED AS BEING IN COMPLIANCE WITH ORDINANCE(S) AND CODE REQUIREMENTS. **I FURTHER AGREE** TO CORRECT WITHIN TWO WEEKS TIME ANY VIOLATIONS ON THE WORK INSTALLED AND TO PROVIDE ACCESS TO THE PREMISES BETWEEN THE HOURS OF 8:00 AM AND 5:00 PM, MONDAY THROUGH FRIDAY, FOR THE NECESSARY INSPECTION(S).

APPLICANT SIGNATURE

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 SUBJECT TO CIVIL FINES.

HOMEOWNER'S SIGNATURE INDICATES ACKNOWLEDGEMENT, ACCEPTANCE AND COMPLIANCE WITH **SECTION - HOMEOWNER AFFIDAVIT.** SEE ABOVE.

THE UNDERSIGNED ACKNOWLEDGES READING AND UNDERSTANDING FRONT AND BACK SIDES OF THIS APPLICATION.

SIGNATURE OF LICENSEE OR HOMEOWNER <u>ONLY</u>	DATE :
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PLEASE PRINT:

FEES: (FOR OFFICE USE ONLY)

Estimated Project Value \$ _____		Estimated by Bldg. Dept. \$ _____	
	<u>Amount</u>	<u>Number</u>	
Registration	_____ / _____		Date Approved _____
Plan Review	_____ / _____		
Permit	_____ / _____		Reviewed By _____
Building Deposit	_____ / _____		Building Inspector
Performance Guarantee	_____ / _____		Record Retention Fee _____