ZONING PERMIT APPLICATION

City of Wixom
49045 Pontiac Trail
Wixom, MI 48393
buildingadmin@wixomgov.org
www.wixomgov.org
P: (248) 624-0880 F: (248) 624-0867

DO NOT WRITE IN THIS BOX
Permit Application #:_____
Date of Application:_____
ZBA Case #: _____

PERMIT FILING REQUIREMENTS

A minimum of (2) two sets of construction plans for residential buildings and documents must accompany this application. The plans and document(s) must be submitted per the State Construction Code requirements and the City of Wixom Standards. The plans shall include a plot plan with engineering details as required by the Department. The filing of this application will facilitate the applicant in obtaining a permit for building / structure improvements under the City of Wixom State Construction Code Ordinance**.**
All sections of this application must be completed (please type and print).

LOCATION OF BUILDING	LOT NO. AND SUBDIVISION	TAX PARCEL NO.
ADDRESS	CITY- **WIXOM**	COUNTY- **OAKLAND** ZIP CODE- **48393**
CROSSROADS: BETWEEN	AND	

OWNER OR LESSEE INFORMATION

NAME(S)			
TELEPHONE NUMBER		EMAIL ADDRESS	
ADDRESS	CITY	STATE	ZIP CODE

CONTRACTORINFORMATION

NAME			
TELEPHONE NUMBER		EMAIL ADDRESS	
ADDRESS	CITY	STATE	ZIP CODE
BUILDER'S LICENSE NO.		LICENSE EXPIRATION DATE	
FEDERAL EMPLOYER ID NUMBER	GENERAL LIABILITY INSURANCE (to be submitted with application)		
MESC EMPLOYEE NUMBER OR REASON FOR EXEMPTION			

Cost of Improvement (Labor and Materials) $

TYPE OF IMPROVEMENT AND PLAN REVIEW

BUILDING SIZE	WIDTH (FEET)	LENGTH (FEET)	HEIGHT (FEET)	**TOTAL SQ.FT.**

House Sq Ft **Garage Sq Ft** **Basement Sq Ft**

TYPE OF IMPROVEMENT:

☐ NEW BUILDING	☐ ADDITION	☐ ALTERATION	☐ REPAIR
☐ DEMOLITION	☐ MOBILE HOME SET- UP	☐ PREMANUFACTURE	☐ OTHER

CLEARLY DESCRIBE THE PROPOSED IMPROVEMENT

APPLICANT INFORMATION

Applicant is responsible for the payment of all fees and charges related to this application and must provide the following information.

NAME	**TELEPHONE NO.**	**FAX**

ADDRESS	**CITY**	**STATE**	**ZIP CODE**

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent, and we agree to conform to all applicable laws of the state of Michigan. All information on this application is accurate to the best of my knowledge.

Section 23a of the State Construction Code Act of 1972, Act No. 230 of the Public Acts of 1972, being Section 125.1523a of the Michigan Compiled Laws, 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.

SIGNATURE OF APPLICANT	**APPLICATION DATE**

NAME (PLEASE TYPE OR PRINT)

HOMEOWNER'S AFFIDAVIT

I hereby certify the construction work described on this application will be installed by myself in my own single family dwelling in which I am living or about to occupy. All work will be installed in accordance with the State Building Code and City Ordinances, and will not be enclosed, covered up or put into operation until it has been inspected and approved by the City of Wixom. I will cooperate with the City of Wixom and assume the responsibility to arrange for necessary inspections.

SIGNATURE OF HOMEOWNER	**DATE**

NOTE: THE ISSUANCE OF A PERMIT BY THE DEPARTMENT DOES NOT RELIEVE THE APPLICANT FROM MEETING ANY APPLICABLE REQUIREMENTS OF LAW OR OTHER PUBLIC BODIES OR AGENCIES.

ACTION BY DEPARTMENT (OFFICIAL USE ONLY)

ZONING DISTRICT:	TYPE OF CONSTRUCTION:	USE GROUP:

DISPOSITION (AND / OR CONDITION)

_____

_____

_____

_____

_____

_____

List all inspections needed:_____

_____

_____

REVIEWED AND RECOMMENDED FOR APPROVAL BY:_____**(DATE)**_____
CONSTRUCTION DEVELOPMENT SERVICES - CITY OF WIXOM

APPROVED ☐ NOT APPROVED ☐

VALUATION $_____

ADMIN FEE **$**_____

PERMIT FEE **$**_____

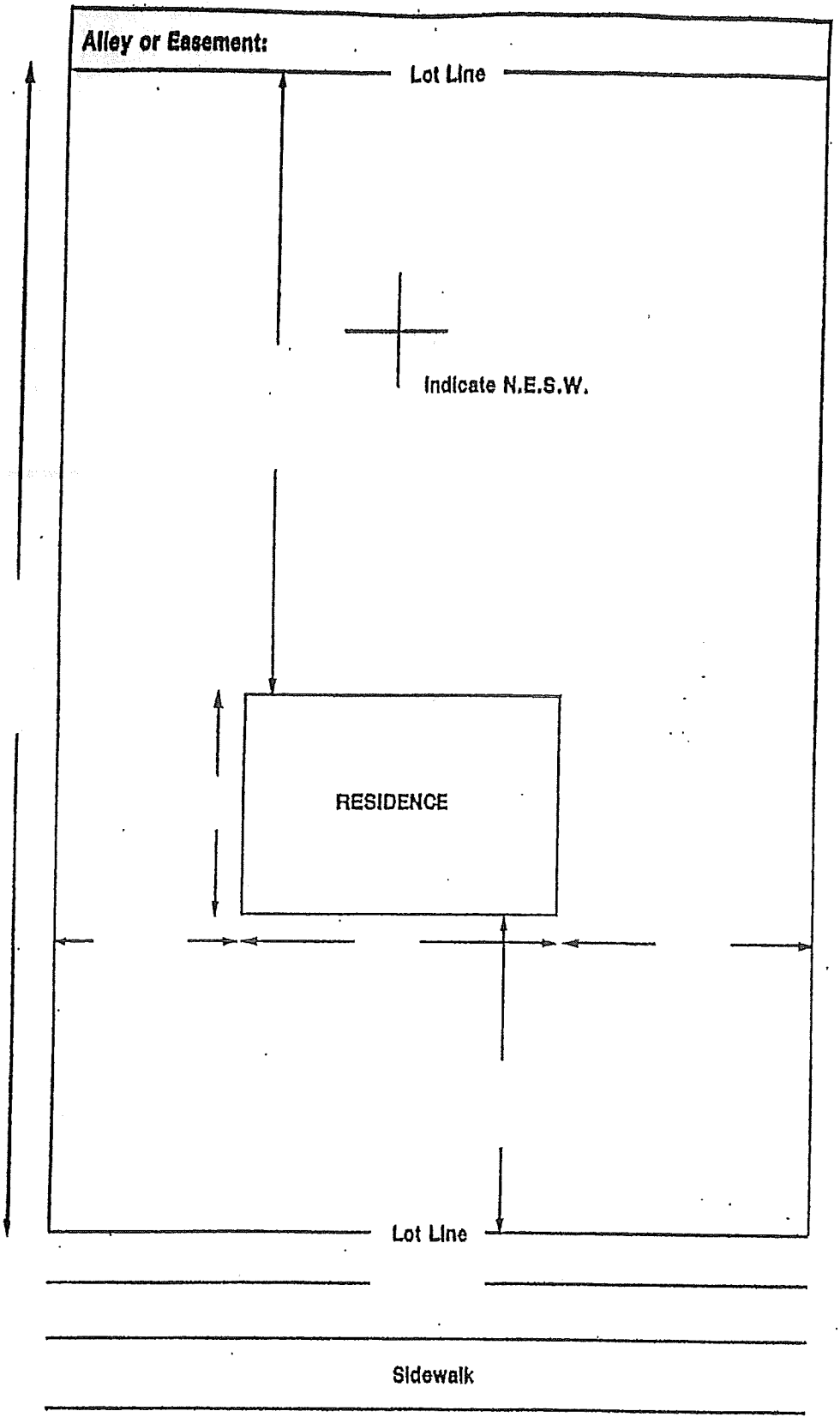
ZONING REVIEW FEE **$**_____

PLAN REVIEW FEE **$**_____

INSPECTIONS **$**_____

OTHER **$**_____

TOTAL **$**_____



Please fill in all dimensions and draw any accessory buildings now on lot or to be built.

PERMIT NO._____