

**BUILDING PERMIT APPLICATION**

**CITY OF BRIGHTON – 200 N. FIRST STREET – BRIGHTON, MI 48116**  
**(810) 227-9005 Fax: (810) 227-6420**

**DATE:** \_\_\_\_\_ **PROPERTY TAX # 4718-** \_\_\_\_\_

**APPLICANT:** \_\_\_\_\_ **PROPERTY OWNER INFO:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**PHONE #:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**CONSTRUCTION ADDRESS:** \_\_\_\_\_

**PROPOSED CONSTRUCTION:** \_\_\_\_\_

ESTIMATED BLDG COST (excluding plumbing, mechanical & electrical): \_\_\_\_\_

ZONING DISTRICT: \_\_\_\_\_ SQUARE FEET: \_\_\_\_\_

**TYPE OF IMPROVEMENT:**  
\_\_\_\_\_ Single Family Residence  
\_\_\_\_\_ New Building – Commercial  
\_\_\_\_\_ Addition/Alteration  
\_\_\_\_\_ Repair/Replace  
\_\_\_\_\_ Demolition  
\_\_\_\_\_ FOUNDATION ONLY  
\_\_\_\_\_ Other

**PROPOSED USE COMMERCIAL:**  
\_\_\_\_\_ Service Station  
\_\_\_\_\_ Church  
\_\_\_\_\_ Industrial  
\_\_\_\_\_ Office  
\_\_\_\_\_ Retail Store  
\_\_\_\_\_ Other

\_\_\_\_\_ \* Water & Sewer Connection/Lines (SEE OTHER SIDE)  
\_\_\_\_\_ \* Water & Sewer Size (SEE OTHER SIDE)

**REQUIREMENTS FOR A BUILDING PERMIT**

1. Two (2) copies of a stamped survey, stamped site plan or stamped plot plan showing all buildings and accessories, lot size, and set back dimensions of existing and proposed new buildings and/or additions.
  2. Copy of contractor’s license, driver’s license and proof of insurance.
- Mortgage surveys are NOT acceptable.*
- Grading permits are obtained through Livingston County Drain Commission.*

3. Two (2) sets (Residential) and four (4) (commercial) of complete folded building plans drawn to scale including:
  - a. Foundation plans with dimensions
  - b. Floor plan with dimensions
  - c. Front, side and rear elevations
  - d. Cross sections drawings
  - e. Window and door location
  - f. Electrical, mechanical & plumbing layout

4. Please allow ten (10) **working days** for processing of all permits.

**CONTRACTOR INFORMATION**

**ARCHITECT INFORMATION**

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

PHONE #: \_\_\_\_\_

LICENSE #: \_\_\_\_\_

LICENSE #: \_\_\_\_\_

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

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

FEDERAL EMPLOYER ID#: \_\_\_\_\_

Or reason for exemption \_\_\_\_\_

WORKERS COMP. INSURANCE CARRIER: \_\_\_\_\_

Or reason for exemption: \_\_\_\_\_

MESC EMPLOYER #: \_\_\_\_\_

Or reason for exemption: \_\_\_\_\_

WATER & SEWER CONTRACTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

Prior to a Certificate of Occupancy being issued, contractor and/or homeowner must supply proof of compliance with Model Energy Code per the State of Michigan Building Code Rules, Chapter 13.

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 authorized agent and we agree to conform to applicable laws of this jurisdiction.

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.

APPLICANT SIGNITURE: \_\_\_\_\_

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

Printed: \_\_\_\_\_

## REQUIRED BUILDING DEPARTMENT INSPECTIONS

The following inspections shall be called for and “approved” by the City of Brighton Building Department.

**INSPECTION LINE: 810/227-0419 \*\* INSPECTIONS MUST BE CALLED IN BY 4PM THE DAY BEFORE AN INSPECTION IS REQUESTED. MONDAY INSPECTIONS MUST BE CALL IN BY 4PM FRIDAY.**

**GRADING PERMITS MUST BE OBTAINED FROM LIVINGSTON COUNTY DRAIN COMMISSION.**

1. Site Inspection-building staked prior to excavation.
2. Spread, column and trench footings & postholes.
3. Driveway and sidewalk (formed & ready for concrete). (Commercial only)
4. Backfil: Foundation anchors, drain tile with 6” pea stone (or other foundation drainage system) and exterior wall damp proofed or waterproofed.
5. Compaction: Basement, Ground floor, Garage (vapor barrier, foundation insulation, if applicable)
6. Rough plumbing, rough mechanical/heating & rough electrical (if applicable) separate permits required for each.
7. Rough Building, **TRUSS DRAWINGS (IF APPLICABLE) ARE REQUIRED FOR ROUGH BUILDING INSPECTION.**
8. Insulation
9. Drywall (board applied prior to taping (Commercial only)
10. Final electrical, final mechanical/heating and final plumbing
11. Final building, **AFTER APPROVAL OF REQUIRED INSPECTIONS.**
12. Fire Marshall (Commercial Only)

**Note: Existing smoke alarms must meet the Building Code for any construction inside a residence requiring a building permit. Smoke alarms must be wired to receive their primary power from the house wiring system, interconnected, and provided with battery backup in all bedrooms, in the immediate vicinity outside of the bedrooms, and on each story within the dwelling unit including the basements.**

**PRIOR TO OCCUPANCY OF ANY NEW BUILDING AND/OR ADDITION, A “CERTIFICATE OF OCCUPANCY” SHALL HAVE BEEN ISSUED BY THE BUILDING DEPARTMENT.**

**ALL BUILDING SITES SHALL BE IDENTIFIED WITH A LOT NUMBER AND/OR ADDRESS AND THE BUILDING PERMIT(S) SHALL BE POSTED VISIBLE FROM THE STREET.**

**“APPROVED” BUILDING PLANS SHALL BE ON SITE AT ALL TIMES.**

**NO REFUNDABLE BONDS WILL BE RELEASED UNTIL ALL “FINAL APPROVED” INSPECTIONS ARE MADE AND ALL REINSPECTION FEES ARE PAID.**



# BRIGHTON AREA FIRE AUTHORITY

615 W. Grand River, Brighton, MI 48116 Ph: 810-229-6640 Fax: 810-229-1619

## EMERGENCY CONTACT FORM

Please email completed form to [jcoil@brightonareafire.com](mailto:jcoil@brightonareafire.com).  
Submit an updated form whenever the information changes.

BUSINESS NAME		COMPLEX NAME		DATE
BUSINESS ADDRESS		SUITE	CITY	ZIP CODE
CHECK ONE: BRIGHTON CITY BRIGHTON TWP GENOA TWP		BUSINESS PHONE	BUSINESS FAX	BUSINESS WEBSITE
TYPE OF BUSINESS		OWN BLDG. LEASE BLDG.	BUSINESS OCCUPANCY SIZE SQ. FT.	BUILDING SIZE SQ. FT.
PROPERTY/COMPLEX OWNER OR MANAGER NAME		PRIMARY PHONE	EMAIL (INSPECTION REPORTS SENT BY EMAIL)	
BUILDING OWNER'S NAME (IF DIFFERENT THAN ABOVE)		PRIMARY PHONE	EMAIL (INSPECTION REPORTS SENT BY EMAIL)	
BUSINESS HOURS (MONDAY – FRIDAY)		SATURDAY HOURS		SUNDAY HOURS
FIRE ALARM YES NO	FIRE ALARM COMPANY	FIRE ALARM COMPANY PHONE		FIRE ALARM RESET CODE
BURGLARY ALARM SYSTEM YES NO	MONITORING SERVICE	PHONE NUMBER	ALARM PANEL LOCATION	
<b>THE FOLLOWING CONFIDENTIAL EMERGENCY CONTACT INFORMATION IS FOR FIRE DEPARTMENT USE ONLY</b>				
1. EMERGENCY CONTACT'S NAME		TITLE/AFFILIATION		
AFTER HOURS PHONE	DAYTIME PHONE	EMAIL ADDRESS		
2. EMERGENCY CONTACT'S NAME		TITLE/AFFILIATION		
AFTER HOURS PHONE	DAYTIME PHONE	EMAIL ADDRESS		
3. EMERGENCY CONTACT'S NAME		TITLE/AFFILIATION		
AFTER HOURS PHONE	DAYTIME PHONE	EMAIL ADDRESS		
NOTES				
<u>KNOX BOX</u> YES NO LOCATION		<u>KNOX PADLOCK</u> YES NO LOCATION		<u>FIRE DEPARTMENT CONNECTION (FDC) ON SITE:</u> YES NO Indicate the side of your building where the FDC is located using North, South, East, West or a variation.
		<u>FIRE SPRINKLER SYSTEM</u> YES NO		
<u>AUTOMATIC EXTERNAL DEFIBRILLATOR – AED</u> YES HOW MANY? LOCATION OF AED'S		<u>GAS UTILITY</u> (Indicate side of building using North, South, East, West or a variation)		<u>ELECTRIC UTILITY</u> (Indicate side of building using North, South, East, West or a variation)
<u>HYDRANT LOCATION</u> (Indicate side of building using North, South, East, West or a variation)			<u>DISTANCE TO NEAREST HYDRANT</u> (Approximate distance in feet)	