

Date Received _____

City of Wyoming Inspections Department

Application for Plan Examination and Commercial - Industrial - Institutional Building Permit

1155 28th St. SW P.O. Box 905
 Wyoming, MI 49509-0905
 Telephone (616) 530-7285
 Fax (616) 249-3484

Applicant Instructions: Complete parts I - VI of this form. Submit form along with three sets of complete plans and specifications (one sealed) and one electronic copy for review. Please email electronic copy to chad.wakley@wyomingmi.gov. Special Inspections may also be required per the MBC 2015 Building Code Section 1704.0 for review. Contact your architect for instructions. No permit refunds.

I. LOCATION OF BUILDING	AT (LOCATION) _____ <div style="display: flex; justify-content: space-around; font-size: small;"> (NO.) (STREET) </div> NAME OF BUSINESS _____			
II. TYPE OF BUILDING	III. PROPOSED USE - Nonresidential (continued below left)			
1 <input type="checkbox"/> New Building 2 <input type="checkbox"/> Addition 3 <input type="checkbox"/> Alteration 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Foundation only	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> 1 <input type="checkbox"/> Amusement, recreational 2 <input type="checkbox"/> Church, other religious 3 <input type="checkbox"/> School, library, other educational 4 <input type="checkbox"/> Parking garage or lot 5 <input type="checkbox"/> Service station, repair garage 6 <input type="checkbox"/> Hospital, institutional </td> <td style="width: 50%; border: none;"> 7 <input type="checkbox"/> Office, bank, professional 8 <input type="checkbox"/> Public utility 9 <input type="checkbox"/> Industrial 10 <input type="checkbox"/> Stores, mercantile 11 <input type="checkbox"/> Tanks, towers 12 <input type="checkbox"/> Other - SPECIFY </td> </tr> </table>		1 <input type="checkbox"/> Amusement, recreational 2 <input type="checkbox"/> Church, other religious 3 <input type="checkbox"/> School, library, other educational 4 <input type="checkbox"/> Parking garage or lot 5 <input type="checkbox"/> Service station, repair garage 6 <input type="checkbox"/> Hospital, institutional	7 <input type="checkbox"/> Office, bank, professional 8 <input type="checkbox"/> Public utility 9 <input type="checkbox"/> Industrial 10 <input type="checkbox"/> Stores, mercantile 11 <input type="checkbox"/> Tanks, towers 12 <input type="checkbox"/> Other - SPECIFY
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Nonresidential - Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, industrial facility, rental office building, office building at industrial plant, etc. If use of existing building is being changed, enter proposed use.	IV. COST	<i>(Omit cents)</i>		
	Cost of improvement..... <i>To be installed, but not included in the above cost</i> a. Electrical..... b. Plumbing..... c. Heating, air conditioning..... d. Other (elevator, site construction, etc.) _____ _____	\$ _____ _____ _____ _____ _____ _____ _____		
	TOTAL COST OF PROJECT (Land value not included.)	\$ _____		

V. SELECTED CHARACTERISTICS OF BUILDING

<p>PRINCIPAL TYPE OF FRAME</p> <p>1 <input type="checkbox"/> Masonry (wall bearing)</p> <p>2 <input type="checkbox"/> Wood frame</p> <p>3 <input type="checkbox"/> Structural steel</p> <p>4 <input type="checkbox"/> Reinforced concrete</p> <p>5 <input type="checkbox"/> Other - SPECIFY _____</p>	<p align="center">DIMENSIONS</p> <p>Number of stories.....</p> <p>Total square feet of floor area, all floors, based on exterior dimensions.....</p> <p>1st floor.....</p> <p>2nd floor.....</p> <p>3rd floor.....</p> <p>Total area, sq. ft.....</p>	
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<p>PRINCIPAL TYPE OF ROOF FRAME</p> <p>1 <input type="checkbox"/> Steel beams</p> <p>2 <input type="checkbox"/> Bar joist</p> <p>3 <input type="checkbox"/> Pre-engineered building Manufacturer name _____</p> <p>4 <input type="checkbox"/> Wood truss</p> <p>5 <input type="checkbox"/> Other - SPECIFY _____</p>	<p>MBC 2015 Use Group (Chap.3)</p> <p>_____</p> <p>MBC 2012 Construction Type (Chap.6) (circle one)</p> <p>IA IB IIA IIB IIC</p> <p>IIIA IIIB IV VA VB</p> <p>Fire Suppression System</p> <p>_____</p> <p>Total Land Area (sq. ft.)</p> <p>_____</p>
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VI. IDENTIFICATION				
	Name	Mailing address - Number, street, city, and state	Zip code	Telephone No.
1. Owner or Lessee				
E-mail				
2. Contractor				
E-mail				
3. Architect or Engineer				
E-mail				

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 all applicable laws of this jurisdiction. A PDF or electronic signature will be treated as an original for all purposes and by signing, the applicant consents to that treatment of any PDF made of the document.

Application Date	Signature of applicant	Address
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Inspection Dept. staff use only. Applicant: DO NOT WRITE BELOW THIS LINE

PLAN REVIEW RECORD - For office use				
Plan Review Required	Check	Date Plans Approved	By	Notes
BUILDING				
PLUMBING				
MECHANICAL				
ELECTRICAL				
PLANNING DEPT				
ENGINEERING DEPT				
FIRE DEPT				
INDUSTRIAL TREATMENT				

ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS				
Permit or Approval	Check	Date Obtained	Number	By
BOILER (STATE MI)				
CURB OR SIDEWALK CUT (ENG)				
DEQ (STATE MI)				
ELEVATOR (STATE MI)				
ELECTRICAL				
FIRE SUPPRESSION				
GRADING				
HEALTH DEPT (KENT COUNTY)				
MECHANICAL				
PLUMBING				
SIGN OR BILLBOARD				
BOARD OF ZONING APPEALS				
OTHER				

Permit To: _____

VALIDATION - Building				
Permit Value	_____	Use Group	_____	Approved for building permit by:
Fee	_____	Type Construction	_____	
25% Plan Review Deposit*	_____	Occupancy Load	_____	
TOTAL	_____			(TITLE)

*Deposit, if applicable, may be refundable if permit does not expire, and number of required inspections are not exceeded

Statement of Special Inspections in compliance with MBC 2015 Building Code Section 1704.0 etc.

Prepare by Architect/Engineer and submit by Permit Applicant before issuance of permit.

Owner shall provide for special inspection services.

Project:	Location:
Owner:	
Architect:	
Construction Operations	Check if Required
Fabricator's Shop	
<input type="checkbox"/> Wood Trusses _____	
<input type="checkbox"/> Steel Fabrications _____	
<input type="checkbox"/> Precast Concrete _____	
Inspection agency to submit certification of compliance.	
Steel Construction	
Shop	
Materials	
High Strength Bolts	
Welds	
Details	
Concrete Construction	
Materials	
Rebar/pretensioning steel	
Formwork	
Strength	
Mix	
Placement	
Curing	
Prestressing	
Grouting	
Precast Erection	
Masonry Construction	
Materials	
Strength	
Mix	
Mortar/Grout & Application	
Reinforcement	
Cold Weather Protection	
Anchorage	
Wood Construction - Specify	
Soils	
Site prep	
Fill placement	
Spray Fire Proofing	
EIFS	

NOTICE TO SPECIAL INSPECTORS: You are required to keep records of all inspections and to furnish a copy of such records to the Building Official upon request. All discrepancies shall be brought to the immediate attention of the contractor or fabricator for correction. If the discrepancies are not corrected within a reasonable time, the discrepancies shall be brought to the attention of the code official and to the registered design professional of record. A final summary report that indicates the scope of your inspections and the work was completed in accordance with the approved plans, specifications, and the applicable standards shall be submitted prior to the issuance of the certificate of occupancy.

A. SOILS/ SITE PREPARATION
NAME OF INSPECTION FIRM:

ADDRESS:	
PHONE:	FAX:

B. CONCRETE CONSTRUCTION	
NAME OF INSPECTION FIRM:	
ADDRESS:	
PHONE:	FAX:

C. MASONRY CONSTRUCTION	
NAME OF INSPECTION FIRM:	
ADDRESS:	
PHONE:	FAX:

D. STEEL FABRICATION	
NAME OF INSPECTION FIRM:	
ADDRESS:	
PHONE:	FAX:

E. STEEL ERECTION	
NAME OF INSPECTION FIRM:	
ADDRESS:	
PHONE:	FAX:

F. PRECAST CONCRETE FABRICATION	
NAME OF INSPECTION FIRM:	
ADDRESS:	
PHONE:	FAX:

G. PRECAST CONCRETE ERECTION	
NAME OF INSPECTION FIRM:	
ADDRESS:	
PHONE:	FAX:

H. FABRICATION WOOD	
NAME OF INSPECTION FIRM:	
ADDRESS:	
PHONE:	FAX:

I. OTHER:	
NAME OF INSPECTION FIRM:	
ADDRESS:	
PHONE:	FAX:

J. OTHER:	
NAME OF INSPECTION FIRM:	
ADDRESS:	
PHONE:	FAX:

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INSPECTOR INFORMATION

Chad Wakley, Building Inspector
1155 28th St. S.W.
Wyoming, MI 49509-0905
Email: chad.wakley@wyomingmi.gov
Web: www.wyomingmi.gov
Phone: (616) 530-7294
Fax: (616) 249-3484

Bill Aman, Fire Marshal
1250 36th St. S.W.
Wyoming, MI 49509-0905
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Phone: (616) 249-3478
Fax: (616) 249-3435

Jerry Payne, Mechanical Inspector
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Tim Hannan, Plumbing Inspector
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Web: www.wyomingmi.gov
Phone: (616) 530-7288
Fax: (616) 249-3484

FAX ALL SPECIAL INSPECTION REPORTS TO (616) 249-3484

**SOILS, CONCRETE AND STEEL REPORTS ARE REQUIRED ON
PROJECTS UNLESS OTHERWISE NOTED**

