



**City of Walker Community
Development**
4243 Remembrance Rd. NW
Grand Rapids, MI 49534

Phone: (616) 791-6858
Email: cdd@walker.city
Website: www.walker.city

APPLICATION FOR BUILDING PERMIT

1. LOCATION OF BUILDING

ADDRESS			
CITY		STATE	ZIP CODE

2. OWNER/LESSEE

NAME	TELEPHONE NO.	EMAIL	
ADDRESS	CITY	STATE	ZIP CODE

3. CONTRACTOR

NAME	TELEPHONE NO.	EMAIL	
ADDRESS	CITY	STATE	ZIP CODE

BUILDERS LICENSE NO.

EXPIRATION DATE

FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION	SELF EMPLOYED NO EMPLOYEES <input type="checkbox"/>
WORKERS COMP. INSURANCE CARRIER OR REASON FOR EXEMPTION	SELF EMPLOYED NO EMPLOYEES <input type="checkbox"/>
MESC EMPLOYER NUMBER OF REASON FOR EXEMPTION	SELF EMPLOYED NO EMPLOYEES <input type="checkbox"/>

4. SUBCONTRACTORS

TBD	<input type="checkbox"/>	N/A	<input type="checkbox"/>	
ELECTRICAL	TELEPHONE NO.	EMAIL		
ADDRESS	CITY	STATE	ZIP CODE	
MECHANICAL	TELEPHONE NO.	EMAIL		
ADDRESS	CITY	STATE	ZIP CODE	
PLUMBING	TELEPHONE NO.	EMAIL		
ADDRESS	CITY	STATE	ZIP CODE	

5. PROJECT DESCRIPTION

RESIDENTIAL <input type="checkbox"/>	NON-RESIDENTIAL <input type="checkbox"/>		
NEW BUILDING <input type="checkbox"/>	ADDITION <input type="checkbox"/>	DECK <input type="checkbox"/>	MOBILE HOME SET UP <input type="checkbox"/>
NEW SINGLE-FAMILY <input type="checkbox"/>	ALTERATION/REMODEL <input type="checkbox"/>	SWIMMING POOL/SPA <input type="checkbox"/>	RELOCATION OF BUILDING <input type="checkbox"/>
NEW TWO-FAMILY <input type="checkbox"/>	ACCESSORY STRUCTURE <input type="checkbox"/>	ALTERNATIVE ENERGY <input type="checkbox"/>	CERTIFICATE OF OCCUPANCY <input type="checkbox"/>
MULTI-FAMILY <input type="checkbox"/>	DEMOLITION* <input type="checkbox"/>	WIRELESS COMMUNICATION <input type="checkbox"/>	OTHER <input type="checkbox"/>

*DEMOLITION CONTRACTOR RESPONSIBLE FOR ENSURING UTILITY DISCONNECTION.

6. BRIEF DESCRIPTION OF PROJECT

7. BUILDING DIMENSIONS (of new construction area)

WIDTH FT	LENGTH FT	HEIGHT FT	TOTAL SF
# OF STORIES	1 ST FL SF	2 ND FL SF	GARAGE SF
BASEMENT SF	DAYLIGHT <input type="checkbox"/>	WALKOUT <input type="checkbox"/>	PORCH / DECK SF
# OF BEDROOMS	# OF BATHROOMS	OTHER	OTHER

8. SOIL EROSION

a) IS ANY PART OF THE PROPOSED PROJECT WITHIN THE 100-YEAR FLOOD PLAIN? YES NO
 b) IS ANY PART OF THE PROPOSED PROJECT LOCATED IN A REGULATED WETLAND? YES NO
 c) IS THE EXCAVATED AREA LARGER THAN ONE ACRE, WITHIN 500 FT OF A LAKE, RIVER, STREAM, OR COUNTY DRAIN? YES NO

9. UTILITIES	WELL*	<input type="checkbox"/>	SEPTIC*	<input type="checkbox"/>	MUNICIPAL WATER	<input type="checkbox"/>	SEWER	<input type="checkbox"/>
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*IF WELL OR SEPTIC, KENT COUNTY HEALTH DEPARTMENT ENVIRONMENTAL REVIEW IS REQUIRED.

10. SUPPORTING DOCUMENTATION REQUIRED

a) SITE PLAN: MUST BE TO SCALE, INCLUDING LOT LINES, EXISTING AND PROPOSED STRUCTURES, SETBACKS, EASEMENTS, AND DIMENSIONS. (NOT REQUIRED FOR DEMOLITION, INTERIOR ALTERATIONS, OR NON-STRUCTURAL CHANGES)
 b) SURVEY MAY BE REQUIRED AT THE DISCRETION OF THE ZONING ADMINISTRATOR.
 c) BUILDING PLANS: DESCRIBE THE DESIGN, ELEVATIONS, FLOOR PLANS OF ALL LEVELS WITH ROOMS LABELED, FOOTING AND FOUNDATION PLAN, LIST OF MATERIAL SPECIFICATIONS, AND TRUSS DETAILS FOR ROOF ALTERATIONS.
 d) \$50 ZONING PERMIT FEE WILL BE ASSESSED WHEN APPLICABLE.

11. PROJECT VALUATION

(INCLUDE LABOR / EXCLUDE LOT VALUE) \$_____

12. GENERAL INFORMATION

a) ALL WORK SHALL BE INSTALLED IN ACCORDANCE WITH THE BUILDING CODE ADOPTED BY THE CITY OF WALKER, AND WILL NOT BE ENCLOSED, COVERED UP, OR PUT INTO USE UNTIL IT HAS BEEN INSPECTED AND APPROVED BY THE BUILDING INSPECTOR.
 b) THE TELEPHONE NUMBER FOR INSPECTION SCHEDULING WILL BE PROVIDED ON THE PERMIT. CONTACT THE CITY OF WALKER COMMUNITY DEVELOPMENT DEPARTMENT TO SCHEDULE INSPECTIONS WITH 48 HOURS ADVANCE NOTICE.
 c) EXPIRATION OF PERMIT: A PERMIT SHALL REMAIN VALID AS LONG AS WORK IS PROGRESSING, AND INSPECTIONS ARE REQUESTED AND CONDUCTED. A PERMIT SHALL BECOME INVALID IF THE AUTHORIZED WORK DOES NOT COMMENCE WITHIN 180 DAYS OF ISSUANCE OR IF THE AUTHORIZED WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS OF ISSUANCE. CLOSED PERMITS WILL NOT BE REFUNDED. A \$75 FEE WILL BE ASSESSED TO REOPEN A CLOSED OR EXPIRED PERMIT.

13. APPLICANT INFORMATION

NAME	TELEPHONE NO.		
ADDRESS	CITY	STATE	ZIP CODE
EMAIL			

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 THE STATE OF MICHIGAN. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

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 SECTIONS 23a ARE SUBJECT TO CIVIL FINES.

SIGNATURE OF APPLICANT	DATE
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14. HOMEOWNER'S AFFIDAVIT (IF HOMEOWNER IS APPLICANT)

I HEREBY CERTIFY THE CONSTRUCTION WORK DESCRIBED ON THIS PERMIT 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 BUILDING CODE ADOPTED BY THE CITY OF WALKER, AND WILL NOT BE ENCLOSED, COVERED UP, OR PUT INTO USE UNTIL IT HAS BEEN INSPECTED AND APPROVED BY THE BUILDING INSPECTOR. I WILL COOPERATE WITH THE BUILDING INSPECTOR AND ASSUME RESPONSIBILITY TO ARRANGE THE NECESSARY INSPECTIONS.

HOMEOWNER NAME	DATE
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HOMEOWNER SIGNATURE	DATE
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