



3338 Coolidge Hwy.
Berkley, Michigan 48072
(248) 658-3320
FAX (248) 658-3321
www.berkleymi.gov

SITE WORK PERMIT APPLICATION

Application for a permit to:

Commercial _____ Mixed Use _____ Multiple Family _____ SPRINKLED Y / N
New Construction _____ Addition _____ Alteration _____

Describe Proposed Project: _____

Work being done at:

Address: _____ Day Telephone: _____
Name of Property Owner: _____ Size of New Structure: _____
Zoning: _____ Subdivision: _____ Lot No.: _____ Lot Size: _____

Contractor/Applicant:

Company Name: _____
License Holder: _____
Address: _____ City: _____ State/Zip: _____
Telephone: _____ EMAIL Address: _____

Estimated Cost By Applicant for Site Work: ROW \$ _____ Public Utility\$ _____
Storm Water Detention \$ _____ Landscape \$ _____

Plan review fees must be paid before review can begin. Final review fees may be higher based on confirmation of the site work cost. Cancelled plan reviews will not be refunded.

Requirements:

A copy of your insurance must be on file for all contractors doing work in our city.

PDF (300 dpi or higher) of plans are required to be submitted to: building@berkleymi.gov

I agree to repair any damage done to public or private property.

"This permit is granted on the express condition that the said construction shall, in all respects, conform to the ordinances of this jurisdiction including the zoning ordinance, regulating the construction and use of buildings, and may be revoked at any time upon violation of any provisions of said ordinances."

Signature

Print Name

Refund Policy: Upon request, all cancelled permits with no inspections will be refunded at 50% of the permit costs with a minimum refund of \$25.00. Permit fees will not be refunded after inspections have been completed.

Department use only: USE GROUP _____ CONST. TYPE _____ Value by Department: \$ _____

Approved _____

Not Approved _____

Date _____

Permit Number: _____

Fee: _____

Inspections: _____

Bond: _____

Registration: _____

Plan Review: _____

Total: _____

Stipulations: _____

Received by _____

Date _____

CONTRACTOR PERMITS

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

License Number: _____ Expiration Date: _____

Drivers License Number: _____ DOB: _____

Federal Employer ID Number
or Reason for Exemption: _____

Workers Comp Insurance Carrier
or Reason for Exemption: _____

MESC Employer Number
or Reason for Exemption: _____

A copy of your certificate of insurance must be on file with the building division before any permits will be issued.

Signature of Contractor

Date signed
