



CITY OF DEARBORN
Permit & Plan Review Office
 16901 Michigan, Ste. 6, Dearborn, MI 48126 313-943-2150

FOR OFFICE USE ONLY
PERMIT NO.
REVISION DATE
ORIGINAL APPLICATION DATE

REVISED DOCUMENTS APPLICATION

1. PERMIT SITE ADDRESS	ZIP CODE
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Plan review documents will be reviewed as quickly as possible for code & ordinance requirements.

2. **REQUIREMENTS**

- All noted deficiencies have been corrected on the revised documents.
- Revisions must be clouded on the revised documents. Refer to denial letter for required documentation.
- FOUR (4) COMPLETE SETS of plans** including the revised documents shall be submitted for all commercial projects and new residential single-family homes.
- Three (3) sets** of revised documents shall be submitted for all other residential projects.

- Revised Documents Application shall be submitted whenever additional information or revised documents have been requested, or if any changes are proposed in the project
- Applicant of the original documents must be the same applicant of the revised documents.
- If the applicant is different, the property owner shall submit a Change of Contractor Form.
- Residential Plan review fees for revised documents shall be \$5 per page with a minimum fee of \$40
- A Neighborhood Association Review may be required based on revisions made.
- Commercial Plan revision fees: 1st revision per Plan Reviewers letter of requirements..... \$75
- Commercial Plan revision fees: 2nd revision \$180 Minimum. Applicant design changes..... \$180 Minimum
- Revised permits will incur additional fees

3. REVISIONS REQUESTED BY: <input type="checkbox"/> Inspector _____ (name) <input type="checkbox"/> Plan Reviewer _____ (name) <input type="checkbox"/> Developer/Owner	4. CHANGE IN CONSTRUCTION VALUE, if any <input type="checkbox"/> Increase <input type="checkbox"/> Decrease \$ _____
5. <input type="checkbox"/> Revised plans are being submitted prior to permit issuance. <input type="checkbox"/> Revised plans are being submitted after permit issuance. <input type="checkbox"/> Revised plans are being submitted after Appeals Board decision.	6. BOARD OF APPEALS: If a variance has been granted pertaining to the work proposed, provide appeal number: _____ and attach copy of Zoning Board approved plans.

7. **LIST DESCRIPTION OF REVISIONS:**

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PROPERTY OWNER INFORMATION/AFFIDAVIT – AUTHORIZING CHANGE IN SCOPE OF WORK (must be completed ONLY if scope of work is changing)			
8. (PRINT PERMIT SITE ADDRESS) _____			
9. PROPERTY OWNER NAME (PRINT)	10. If Business Name, print authorized agent's name		
11. PROPERTY OWNER'S HOME ADDRESS	12. CITY/STATE/ZIP		
13. PHONE NUMBER	14. EMAIL ADDRESS (optional)		
15. SIGNATURE OF PROPERTY OWNER/AUTHORIZED AGENT FOR CHANGE IS SCOPE OF WORK			16. DATE
NOTARIZED CONTRACTOR-APPLICANT INFORMATION/AFFIDAVIT			
17. COMPANY NAME		18. DEARBORN REGISTRATION NUMBER	
19. COMPANY ADDRESS		20. COMPANY PHONE NUMBER	
21. CITY/ STATE/ ZIP		22. COMPANY EMAIL ADDRESS or FAX NO.	
23. NAME - AUTHORIZED REPRESENTATIVE (PRINT)	24. DATE OF BIRTH	25. DRIVER'S LICENSE OR STATE ID NUMBER	
<p>I affirm that the information provided in this application and the accompanying drawings which are a part of this application, is accurate. Application is hereby made for a permit to perform the work described in this application and the accompanying drawings which are a part of this application. The acceptance of the permit shall constitute an agreement to abide by all codes and ordinances adopted and enacted by the City of Dearborn. All contractor registration information on file with the City Clerk's Office must be current.</p> <p>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 in a residential building or a residential structure. Violators of section 23a are subjected to civil fines.</p>			
26. SIGNATURE OF COMPANY-AUTHORIZED REPRESENTATIVE			27. DATE
<p>28. NOTARIZATION: Subscribed and sworn to before me this _____ day of _____, _____</p> <p>_____ (signature) Notary Public, _____ County, Michigan.</p> <p>_____ My commission expires _____ (Notary printed name)</p>			
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PLAN INTAKE CHECKLIST: 1. Application is legible and complete with owner's signature & a reachable phone number <input type="checkbox"/> YES <input type="checkbox"/> NO 2. Three (3)/four (4) copies of site plan and other plans are legible, complete with dimensions <input type="checkbox"/> YES <input type="checkbox"/> NO 3. Neighborhood Association/Historical District Review sign off. <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> APPROVED <input type="checkbox"/> 1 ST REVISION <input type="checkbox"/> 2 ND REVISION <input type="checkbox"/> APPROVED AS NOTED <input type="checkbox"/> APPLICANT DESIGN REVISION <input type="checkbox"/> DENIED Additional Comments: _____ Plan reviewer _____ Date		RESIDENTIAL NUMBER OF SHEETS _____ X \$5 <i>(minimum \$40)</i>	\$
		COMMERCIAL REVISED PERMIT FEE	\$
		PAY THIS AMOUNT	\$