



# Change of Use/Occupancy Evaluation Inspection

**City of Jackson**  
161 W. Michigan Avenue  
Jackson, MI 49201  
(517) 788-4012  
www.cityofjackson.org

Applicant to complete all items in **Sections I, II, III, IV, V and VI**

**Note:** Separate Applications must be completed for  
**Plumbing, Mechanical, and Electrical Work Permits**

2015 Michigan Building Code / 2015 Michigan Residential Code

## I. Project Information

Authority: 1972 PA 230

Project Name	Job Location Address
Name of City and County in which job is located City of Jackson, County of Jackson	Cross Streets _____ and _____

## II. Identification

### A. Owner or Lessee

Name	Address		
City	State	ZIP Code	Telephone Number (include area code)

### B. Architect or Engineer

Name	Address		
City	State	ZIP Code	Telephone Number (include area code)
License Number	Expiration Date	Cell Phone Number (include area code)	

### C. Contractor (if Homeowner is doing the construction, enter "Homeowner" in the contractor information space)

Name	Address		
City	State	ZIP Code	Telephone Number (include area code)
Builders License Number	Expiration Date	Cell Phone Number (include area code)	
Federal Employer ID Number (or reason for exemption)	E-mail Address		
Workers Compensation Insurance Carrier (or reason for exemption)	MESC Employer Number (or reason for exemption)		

## III. Type of Improvement and Plan Review

### A. Type of Improvement

- Change of Occupancy classification without fire separation
- Change of Occupancy classification with fire separation

### B. Plan Review Required

**Plans must be submitted with an Application for Plan Examination and the appropriate fee before a permit can be issued, except as listed below.**

**Plans are not required** for alterations and repair work determined by the building official to be of a minor nature.

Plans and specifications are required for all other building types and shall be prepared by or under the direct supervision of an architect or engineer licensed pursuant to 1980 PA 299 and shall bear that architect's or engineer's seal and signature.

**Plan Review Submission No.** \_\_\_\_\_

### C. Description/Scope of Project

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#### IV. Proposed Use of Building

##### A. Residential

1. <input type="checkbox"/> One Family	3. <input type="checkbox"/> Hotel, Motel No. of Units _____	5. <input type="checkbox"/> Detached Garage
2. <input type="checkbox"/> Two or More Family No. of Units _____	4. <input type="checkbox"/> Attached Garage	6. <input type="checkbox"/> Other _____

##### B. Non-Residential

7. <input type="checkbox"/> Amusement	11. <input type="checkbox"/> Service Station	15. <input type="checkbox"/> School, Library, Educational
8. <input type="checkbox"/> Church, Religion	12. <input type="checkbox"/> Hospital, Institutional	16. <input type="checkbox"/> Store, Mercantile
9. <input type="checkbox"/> Industrial	13. <input type="checkbox"/> Office, Bank, Professional	17. <input type="checkbox"/> Tanks, Towers
10. <input type="checkbox"/> Parking Garage	14. <input type="checkbox"/> Public Utility	18. <input type="checkbox"/> Other _____

Non-Residential – Describe in detail proposed use of building, e.g. food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.

#### V. Selected Characteristics of Building and Fees

##### A. Principal Type of Frame

1. <input type="checkbox"/> Masonry, Wall Bearing	2. <input type="checkbox"/> Wood Frame	3. <input type="checkbox"/> Structural Steel	4. <input type="checkbox"/> Reinforced Concrete	5. <input type="checkbox"/> Other _____
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##### B. Principal Type of Heating Fuel

6. <input type="checkbox"/> Gas	7. <input type="checkbox"/> Oil	8. <input type="checkbox"/> Electricity	9. <input type="checkbox"/> Coal	10. <input type="checkbox"/> Other _____
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##### C. Type of Sewage Disposal

11. <input type="checkbox"/> Public or Private Company	12. <input type="checkbox"/> Septic System
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##### D. Type of Water Supply

13. <input type="checkbox"/> Public or Private Company	14. <input type="checkbox"/> Private Well or Cistern
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##### E. Type of Mechanical

15. Will there be air conditioning? <input type="checkbox"/> Yes <input type="checkbox"/> No	16. Will there be fire suppression? <input type="checkbox"/> Yes <input type="checkbox"/> No
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##### F. Number of Off Street Parking Spaces

22. Enclosed _____	23. Outdoors _____
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##### G. Dimensions/Data

		Existing	Alterations	New
17. Number of Stories	_____			
18. Use Group	_____			
19. Construction Type	_____			
20. No. of Occupants	_____			
	21. Floor Area:			
	Basement	_____	_____	_____
	1 <sup>st</sup> & 2 <sup>nd</sup> Floor	_____	_____	_____
	3 <sup>rd</sup> – 10 <sup>th</sup> Floor	_____	_____	_____
	11 <sup>th</sup> – Above	_____	_____	_____
	Total Area			
<b>Validation</b>				
Type of Construction:	_____	Use Group:	_____	Square Feet: _____
Approval Signature:		Date:		

##### H. Fees

Disapproved/Additional Fee	\$55.00	
Request to Extend a Permit	\$50.00	1. Permit Fee ( <b>non-refundable</b> )    \$ <b>175.00</b>
Investigation Fee	\$110.00	

**VI. Applicant Information**

**Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information.**

Name		Address	
City	State	ZIP Code	Telephone Number (include area code)
Federal Employer ID Number (or reason for exemption)			Cell Phone Number (include area code)

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/her 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 Section 23a are subjected to civil fines.**

*Signature of Applicant* \_\_\_\_\_ *Date* \_\_\_\_\_

The City of Jackson will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities act, you may make your needs known to this agency.

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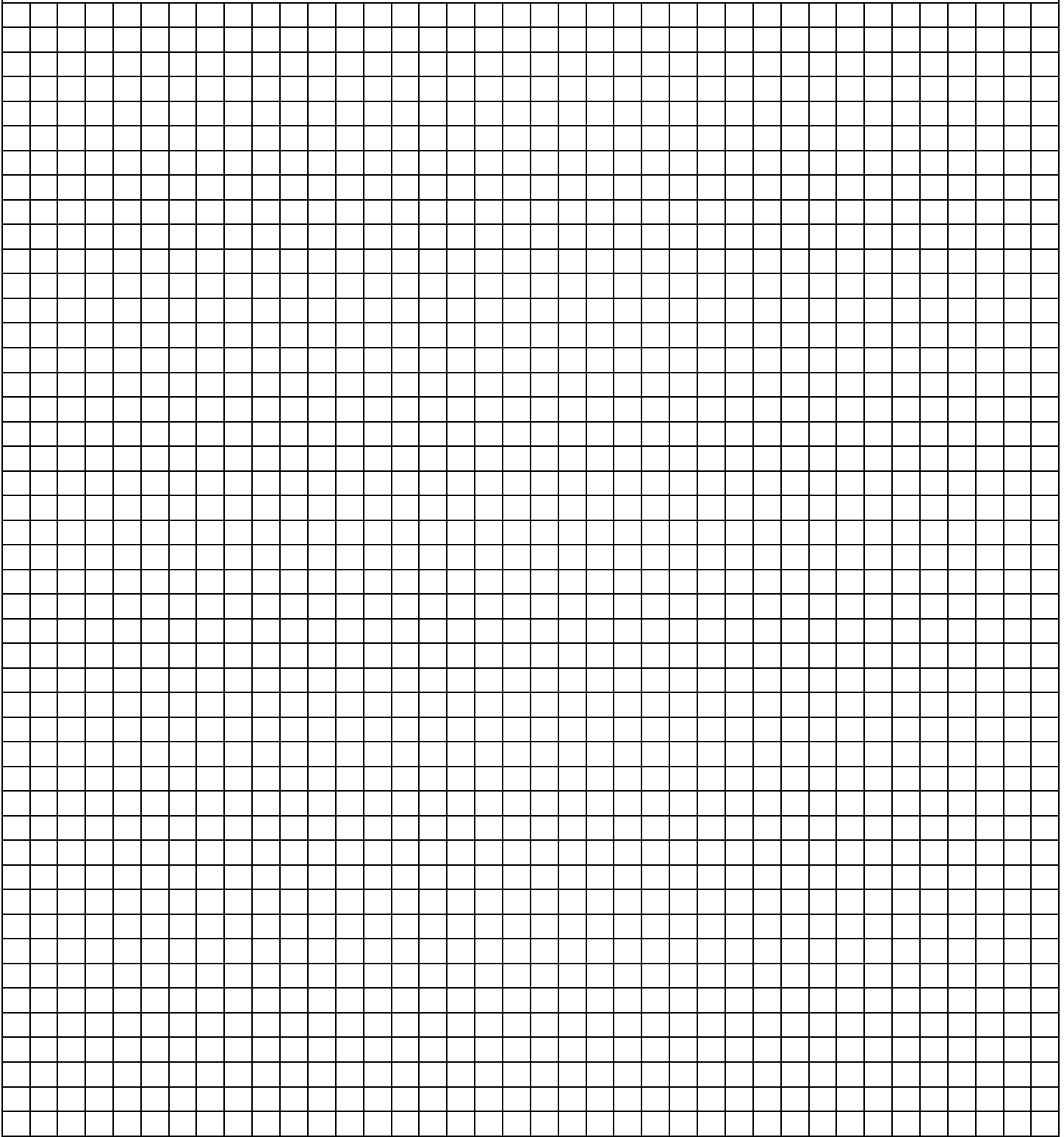


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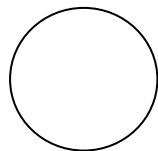
For Department Use Only

<b>Environmental Control Approvals</b>					
	<b>Required</b>	<b>Approved</b>	<b>Date</b>	<b>Number</b>	<b>By</b>
<b>A – Zoning</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>B – Planning</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>C – Historic District</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>D – Soil Erosion</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>E – Flood Zone</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>F – Water Supply</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>G – Septic System</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>H – Variance Granted</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>I - Other</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				

**VII. Site or Plot Plan for Applicant Use**



Indicate direction of North within the circle:



A building permit will not be issued unless all set-back dimensions are shown on this drawing.

## Application Guidelines

1. Complete all applicable information in each section. The application must be signed and dated by the applicant. Provide a Project Contact Name and phone number on the bottom of the page.
2. Permits must be posted in a conspicuous, visible location.
3. An applicant must request an inspection as far in advance as possible but no less than 24 hours before the inspection is needed. Inspections will be conducted as soon as reasonably possible (see Inspection Guidelines below).

## Permit Guidelines

1. **Homeowner Permit:** A permit will be issued to the owner of a home that they occupy or are about to occupy or of a rental unit that they own.
2. **Building Permit:** A permit will be issued to registered building contractors.
3. **Contractors or homeowners who begin work before receiving a written permit** may pay a \$110.00 investigation fee or will be issued a "Violation and Notice of Hearing" to appear before the Administrative Hearings Bureau. Violations of permitting laws are subject to fines of up to \$500.00 per occurrence and costs incurred.
4. **Fraudulent applications will result in the revocation of associated permit.** The applicant and individual(s) performing roofing or siding work fraudulently will be issued a "Violation and Notice of Hearing" to appear before the Administrative Hearings Bureau. Violations of permitting laws are subject to fines of up to \$500.00 per occurrence and costs incurred.

## Fee Guidelines

1. Permit fees must be paid in full before a permit is issued.
2. Permits are non-transferable.
3. Permit fees are non-refundable after work begins.
4. Re-inspections of **disapproved inspections** will be charged a "Disapproved/Additional Inspection" fee and must be paid before reinspection.
5. Expired permits may be extended. Applicants must complete a "Request To Extend A Permit" form and pay a \$50.00 fee to extend a permit.
6. The permit applicant upon request, may be permitted to pay the \$110.00 investigation fee one time per State Licensing cycle, in lieu of an Administrative Hearings Bureau Notice To Appear, for all work that is started before securing a permit provided the required permit is secured by 5:00 pm on the next business day following the date of the Notice and Order to App