



# City of Melvindale

## BUILDING DEPARTMENT

3100 Oakwood Boulevard • Melvindale, Michigan 48122  
(313) 429-1060 • Fax (313) 383-3993 • www.melvindale.org

PLAN REVIEW LABEL

### PLAN REVIEW APPLICATION

#### Site Details

**SITE ADDRESS:** \_\_\_\_\_  
**PARCEL NUMBER(S) (\*REQUIRED!):** \_\_\_\_\_

**DATE SUBMITTED:** \_\_\_\_\_

Plan review results are available 2 weeks after all correct data is submitted. You will receive an approval that includes a permit and plan review fees; *or a denial*, including a reason for the denial. Results may be on a whole project basis or by field. Some denials may require a resubmission of corrected plans.

**This property is:**

RESIDENTIAL       COMMERCIAL       INDUSTRIAL

**The work being done can best be described as:**

ADDITION       NEW CONSTRUCTION       ALTERATION       FIRE SUPPRESSION  
 OTHER:

**I am requesting a plan review of the following fields:**

BUILDING     PLUMBING     MECHANICAL     ELECTRICAL     FIRE     ENGINEERING

Permit applications are available online at Melvindale.org and at the building department upon request and should be reviewed and submitted *with the application* if the work is being done by the property owner. Failure to submit applications and full plans for all fields being reviewed may delay your plan review process and require additional plan review fees. Permits must be pulled by all state licensed contractors doing work in the City of Melvindale. Plan Review Fees start at \$50 and go up based on the scale of the job. Fees are due with the permit fees according to each field inspection.

**JOB DESCRIPTION:**

Please be as detailed as possible. Include all job numbers that may apply, as well as corrections or notes for the inspectors. If this property has multiple or related projects or permits that are not going to be considered in this plan review, please itemize below.

See attached documents for additional details

---

---

---

---

---

---

---

---

---

---

**All plans submitted should include the site address, revision date, property owners name and contact information, and any related job numbers.**

NUMBER OF PLANS SUBMITTED (Minimum of 3 physical copies and 1 digital): \_\_\_\_\_

NUMBER OF SPECIFICATIONS SUBMITTED (No minimum): \_\_\_\_\_

LIST ADDITIONAL ITEMS SUBMITTED: \_\_\_\_\_



# City of Melvindale

## BUILDING DEPARTMENT

3100 Oakwood Boulevard • Melvindale, Michigan 48122  
(313) 429-1060 • Fax (313) 383-3993 • www.melvindale.org

PLAN REVIEW LABEL

### PLAN REVIEW APPLICATION

#### Contact Details

#### SITE ADDRESS:

Fill out all fields that apply:

Applicant Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Relationship to project: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

#### Contact info of Property Owner (if different from applicant):

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### PRIMARY JOB CONTACT INFORMATION (required):

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### SECONDARY JOB CONTACT INFORMATION:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Work is being completed by:  Property Owner  Contractor

If you selected Contractor in the question above, check all that apply, and LIST the contractor names and numbers below. If you will be using a contractor, but have yet to select one, check the "to be determined" box to the right and contact our office to update the contractor information as soon as they have been hired.

Company Name	Contact Name	Phone	
<input type="checkbox"/> Building _____	_____	_____	<input type="checkbox"/> To be determined
<input type="checkbox"/> Plumbing _____	_____	_____	<input type="checkbox"/> To be determined
<input type="checkbox"/> Mechanical _____	_____	_____	<input type="checkbox"/> To be determined
<input type="checkbox"/> Electrical _____	_____	_____	<input type="checkbox"/> To be determined
<input type="checkbox"/> Fire _____	_____	_____	<input type="checkbox"/> To be determined
<input type="checkbox"/> Engineering _____	_____	_____	<input type="checkbox"/> To be determined

**STATE LICENSED CONTRACTORS DOING WORK ARE REQUIRED TO BE REGISTERED AND PULL PERMITS FOR ALL WORK BEING DONE WITHIN CITY LIMITS. SOME STATE EXCEPTIONS MAY APPLY. ADVANCE REGISTRATION OF ALL CONTRACTORS WILL EXPEDITE THE PLAN REVIEW AND PERMITTING PROCESS.**

#### For Building Department Use ONLY:

Building Plan Review Results:  Approved  Denied  Pending Date: \_\_\_/\_\_\_/\_\_\_ Completion Date: \_\_\_/\_\_\_/\_\_\_  
Plumbing Plan Review Results:  Approved  Denied  Pending Date: \_\_\_/\_\_\_/\_\_\_ Completion Date: \_\_\_/\_\_\_/\_\_\_  
Mechanical Plan Review Results:  Approved  Denied  Pending Date: \_\_\_/\_\_\_/\_\_\_ Completion Date: \_\_\_/\_\_\_/\_\_\_  
Electrical Plan Review Results:  Approved  Denied  Pending Date: \_\_\_/\_\_\_/\_\_\_ Completion Date: \_\_\_/\_\_\_/\_\_\_  
Fire Plan Review Results:  Approved  Denied  Pending Date: \_\_\_/\_\_\_/\_\_\_ Completion Date: \_\_\_/\_\_\_/\_\_\_  
Engineering Plan Review Results:  Approved  Denied  Pending Date: \_\_\_/\_\_\_/\_\_\_ Completion Date: \_\_\_/\_\_\_/\_\_\_