



BUILDING PERMIT APPLICATION

- COMMERCIAL

CONSTRUCTION AND BUILDING

City Hall: 301 E. Huron St., Ann Arbor, MI 48104-6120
 Mailing: P.O. Box 8647, Ann Arbor, MI 48107-8647
 Phone: 734.794.6263 ext. 0 building@a2gov.org
 Fax: 734.994.8460

OFFICE USE ONLY	
Permit Number	BLDG# 4-1057
DEMO#	
CITY OF ANN ARBOR	
DATE STAMP RECEIVED	
JUN 14 2019	
PLANNING AND DEVELOPMENT SERVICES	

APPLICATION MUST BE FILLED OUT COMPLETELY

AUTHORITY: PA. 230 of 1972, AS AMENDED

PENALTY: PERMIT WILL NOT BE ISSUED

PROPERTY LOCATION		
PROJECT ADDRESS	ZONING DISTRICT	
200 E HURON		
CITY	ZIP CODE	SUITE / UNIT #
ANN ARBOR	48104	

Is this a Rental Property? No Yes, # of Units:

Is Property in a Historic District? No Yes DISTRICT NAME:

HDC#:

Is Property In A Floodplain? No Yes DNR - E Permit #:

Approval:

PROPERTY OWNER INFORMATION

NAME	PHONE/CELL # (AREA CODE)		
GOBIND SINGH	734 834-2621		
EMAIL ADDRESS	FAX No.		
G.SINGH MICH @ Hotmail.Com			
ADDRESS	CITY	STATE	ZIP CODE
200 E. HURON	ANN ARBOR	MI	48104

CONTRACTOR INFORMATION

NAME	PHONE/CELL # (AREA CODE)	FAX No.	
Ken Analey	313 378 7006		
ADDRESS	CITY	STATE	ZIP CODE
11400 BARAGA	Troy	MI	48180
CONTRACTOR LICENSE #	EXPIRATION DATE	EMAIL ADDRESS	
201148	5-31-	Contractorskenad@gmail.com	

Pursuant to Public Act 135 of 1989 - All Building Division Permit Applicants MUST complete this section below

FEDERAL EMPLOYER I.D. # (OR REASON FOR EXEMPTION)

734-284-9500 Corp Liability

WORKERS COMPENSATION INSURANCE CARRIER (OR REASON FOR EXEMPTION)

MESC EMPLOYEE #

ARCHITECT / ENGINEER INFORMATION

NAME	PHONE/CELL # (AREA CODE)	FAX No.	
ADDRESS	CITY	STATE	ZIP CODE
N/A			
LICENSE #	EXPIRATION DATE	EMAIL ADDRESS	

TYPE OF JOB / PROJECT INFORMATION - COMPLETE ALL INFORMATION

Type of Construction:	<input checked="" type="checkbox"/> Interior Only	<input checked="" type="checkbox"/> Exterior / Facade	<input type="checkbox"/> Addition or New Construction - Site Plan Req'd; SP/SCP#
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DESCRIPTION: Provide a detailed description of work to be covered by the permit (e.g. renovating an office space or building a 5000 sq. ft. warehouse).

REPAIR, FILL IN WINDOW OPENING W/ 12 BLOCK
APPROX 12 SQ FT

PROJECT COST

ESTIMATED COST OF PROJECT: \$ 2400-

The project cost must include material and labor for scope of permit, including mechanical, electrical and plumbing work. Mechanical, electrical and plumbing to obtain separate permits. Please provide payment information to process the application using the payment cover sheet. Any application received without payment information included cannot be processed.

YOU MUST SUBMIT TWO (2) HARD-COPIES AND ONE (1) DIGITAL VERSION OF SITE PLANS

For full requirements, refer to the attached checklist

CHECK ALL THAT APPLY	Type of Improvement	Area Affected	Type of Structure	Comments to Reviewer
	<input type="checkbox"/> Build / Finish <input type="checkbox"/> Addition (s) to <input type="checkbox"/> Alteration (s) to <input type="checkbox"/> Demolition of <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Other: _____ _____ _____	<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Shell <input type="checkbox"/> Foundation only <input type="checkbox"/> Occupancy _____ <input type="checkbox"/> Sq Ft _____ _____ _____	<input type="checkbox"/> Building <input type="checkbox"/> Tenant Space <input type="checkbox"/> Deck <input type="checkbox"/> Garage <input type="checkbox"/> Porch <input type="checkbox"/> Roof <input type="checkbox"/> Siding <input type="checkbox"/> Sign <input type="checkbox"/> Windows: # _____	

USE - OCCUPANCY CLASSIFICATION AS REGULATED BY THE MICHIGAN BUILDING CODE: CHECK ALL THAT APPLY

<input type="checkbox"/> VACANT	<input type="checkbox"/> F-2: FACTORY (LOW HAZARD)	<input type="checkbox"/> I-4: INSTITUTIONAL 4 (DAY CARES, ETC.)
<input type="checkbox"/> A-1: ASSEMBLY (THEATERS, ETC.)	<input type="checkbox"/> H-1: HIGH HAZARD (DETONATION)	<input type="checkbox"/> M: MERCANTILE
<input type="checkbox"/> A-2: ASSEMBLY (RESTAURANTS, BARS, ETC.)	<input type="checkbox"/> H-2: HIGH HAZARD (DEFLAGRATION)	<input type="checkbox"/> R-1: RESIDENTIAL 1 (HOTELS, BOARDING HOUSES, ETC.)
<input type="checkbox"/> A-3: ASSEMBLY (LIBRARY, RELIGIOUS BUILDINGS, ETC.)	<input type="checkbox"/> H-3: HIGH HAZARD (PHYSICAL)	<input type="checkbox"/> R-2: RESIDENTIAL 2 (MULTIPLE FAMILY, FATHERNITY, SORORITY, ETC.)
<input type="checkbox"/> A-4: ASSEMBLY (INDOOR SPORTS FACILITIES, ETC.)	<input type="checkbox"/> H-4: HIGH HAZARD (HEALTH)	<input type="checkbox"/> R-3: RESIDENTIAL 3 (1 & 2 FAMILY AND TOWNHOUSE)
<input type="checkbox"/> A-5: ASSEMBLY (OUTDOOR SPORTS, STADIUMS, ETC.)	<input type="checkbox"/> H-5: HIGH HAZARD (HPM)	<input type="checkbox"/> R-4: RESIDENTIAL 4 (ASSISTED LIVING)
<input type="checkbox"/> B: BUSINESS <i>* Motel *</i>	<input type="checkbox"/> I-1: INSTITUTIONAL 1 (SUPERVISED - ASSISTED LIVING, GROUP HOMES)	<input type="checkbox"/> S-1: STORAGE (MODERATE HAZARD)
<input type="checkbox"/> E: EDUCATIONAL	<input type="checkbox"/> I-2: INSTITUTIONAL 2 (HOSPITAL, NURSING HOME, ETC.)	<input type="checkbox"/> S-2: STORAGE (LOW HAZARD)
<input type="checkbox"/> F-1: FACTORY (MODERATE HAZARD)	<input type="checkbox"/> I-3: INSTITUTIONAL 3 (PRISONS, ETC.)	<input type="checkbox"/> U: UTILITY (MISC. GARAGES, SHEDS, FENCES, ETC.)

SUPPRESSION SYSTEM
 NFPA - 13 NFPA - 13R NFPA - 13D Limited Area Range Hood None Partial Complete

ALARM SYSTEM
 Manual Automatic Detection None Partial Complete

BUILDING USE OPTIONS
 SINGLE USE MIXED USE SEPARATION OPTION: Non-separated uses Separated uses Separated buildings

PLANNING AND ZONING: You **MUST** contact Planning at 734-794-6265 or planning@azgov.org prior to submission of permit applications for site planned projects
 Existing Use: (specify type) *Motel* Proposed Use: (specify type)

APPLICANT INFORMATION

NAME <i>Ken Traley - Contractors Central</i>		PHONE/CELL # (AREA CODE) <i>313-378-7006</i>	
EMAIL ADDRESS <i>Contractorscentral@gmail.com</i>		FAX No.	
ADDRESS <i>11400 BARAGA</i>	CITY <i>Taylor</i>	STATE <i>MI</i>	ZIP CODE <i>48180</i>

APPLICANT SIGNATURE
 APPLICANT, agrees to comply with all terms and conditions of permit as it may be issued.
 Title of SIGNING AUTHORITY (below): *K.T.*
 SIGN HERE *X K.T.* PRINT NAME *X Ken Traley* DATE *6.12.19*

If Owner's signature is by Contractor or its representative, Contractor warrants and represents that it is an authorized agent for Owner for purposes of obtaining this permit. (NOTE: Contractor is NOT allowed to act as agent for Owner if Contractor is in non-compliance status on other permits).

OFFICE USE ONLY	
PLANNING AND ZONING NOTES AND SIGNATURE	DATE
HISTORIC DISTRICT NOTES AND SIGNATURE	DATE
GRADING NOTES AND SIGNATURE	DATE
BUILDING NOTES AND SIGNATURE	DATE:

FEES

BUILDING APPLICATION FEE: \$15.00	PLAN REVIEW: \$
CONTRACTOR REGISTRATION: \$15.00 (RESIDENTIAL/COMMERCIAL: R1, R2, R3, R4)	BUILDING PERMIT FEE: \$
ZONING REVIEW: <input type="checkbox"/> \$20 <input type="checkbox"/> \$50 <input type="checkbox"/> N/A	HISTORIC DISTRICT FEE: \$
SITE COMPLIANCE: <input type="checkbox"/> \$150 <input type="checkbox"/> N/A	
SUBTOTAL:	TOTAL: \$



ADDENDUM FOR COMMERCIAL APPLICATION FOR PLAN REVIEW 2015 MICHIGAN BUILDING CODE

PROJECT NAME GOBIND SINGH (OWNER)	DATE: 6-12-19
PROJECT LOCATION: (Street No and Name) 200 E HURON	CITY, STATE ANN ARBOR, MICHIGAN
PROPERTY OWNER'S NAME GOBIND SINGH	ZIP CODE
DETAILED PROJECT DESCRIPTION AND USE (WITH SQUARE FOOTAGE) 12 SQUARE FOOT OF BLOCK IN OF WINDOW	

This application is to be completed by the Design Professional in RESPONSIBLE charge (Architect or Engineer) who prepared the plans for the above mentioned project. Please complete this application as thoroughly as possible. This information requested is necessary for this department to properly perform a plan review.

1. CONSTRUCTION CODE THAT THE PROJECT IS DESIGNED FOR: (The same construction code(s) should also be listed on the Blue Prints).

Building	Energy
Mechanical	Barrier Free
Plumbing	Fire
Electrical	NA

2. The Building Is Equipped Throughout With The Following Automatic Fire Suppression: (Check One)

- No Complete Suppression
 NFPA - 13 System (903.3.1.1)
 NFPA - 13R System (903.3.1.2)
- Other System: _____

3. The Use Group Classification(s) Of This Building Is: (Check More Than One If Applicable)

- | | | |
|---|---|---|
| <input type="checkbox"/> A-1: ASSEMBLY (303.1) | <input type="checkbox"/> H-1: HIGH HAZARD (307.3) | <input type="checkbox"/> M: MERCANTILE (309.1) |
| <input type="checkbox"/> A-2: ASSEMBLY (303.1) | <input type="checkbox"/> H-2: HIGH HAZARD (307.4) | <input type="checkbox"/> R-1: RESIDENTIAL 1 (310.1) |
| <input type="checkbox"/> A-3: ASSEMBLY (303.1) | <input type="checkbox"/> H-3: HIGH HAZARD (307.5) | <input type="checkbox"/> R-2: RESIDENTIAL 2 (310.1) |
| <input type="checkbox"/> A-4: ASSEMBLY ((303.1) | <input type="checkbox"/> H-4: HIGH HAZARD (307.6) | <input type="checkbox"/> R-3: RESIDENTIAL 3 (310.1) |
| <input type="checkbox"/> A-5: ASSEMBLY (303.1) | <input type="checkbox"/> H-5: HIGH HAZARD (307.7) | <input type="checkbox"/> R-4: RESIDENTIAL 4 (310.1) |
| <input type="checkbox"/> B: (304.0) | <input type="checkbox"/> I-1: INSTITUTIONAL 1 (308.3) | <input type="checkbox"/> S-1: STORAGE (311.2) |
| <input type="checkbox"/> E: (305.0) | <input type="checkbox"/> I-2: INSTITUTIONAL 2 (308.4) | <input type="checkbox"/> S-2: STORAGE (311.3) |
| <input type="checkbox"/> F-1: FACTORY (306.2) | <input type="checkbox"/> I-3: INSTITUTIONAL 3 (308.5) | <input type="checkbox"/> U: UTILITY (312.1) |
| <input type="checkbox"/> F-2: FACTORY (306.3) | <input type="checkbox"/> I-4: INSTITUTIONAL 4 (308.6) | <input type="checkbox"/> Other: <u>HOTEL</u> |

4. If The Building Is Occupied By Two (2) Or More Use Group Classifications, Which Option In Section 508 Has Been Utilized In The Design Of The Building? (Check One)

- Option 1: No Fire Separation of Uses Are accessory occupancies included? Yes No
- Option 2: Uses Separated with Fire Barrier Walls Are accessory occupancies included? Yes No

5. The Following Indicates The Occupant Load For Which The Exit(s) Has Been Designed: (Check More Than One If Applicable)

	<u>Room or Area</u>	<u>Number of Occupants</u>
<input type="checkbox"/> Table (1004.1.2)		
<input type="checkbox"/> Actual Number (1004.1.1)		
<input type="checkbox"/> No. by combination (1004.1.1)	NA	NA
<input type="checkbox"/> Increased number (1004.2)		
<input type="checkbox"/> Fixed Seats (1004.4)		

Total Occupant Load: _____

6. The Following Is The Type Of Construction Classification Proposed For The Building: (Check More Than One If Applicable)

- TYPE I A TYPE II A TYPE III A TYPE IV TYPE V A
- TYPE I B TYPE II B TYPE III B TYPE V B
- OTHER: _____



ADDENDUM FOR COMMERCIAL APPLICATION FOR PLAN REVIEW

7. a) The building framing system has been designed to withstand a minimum 20 lb ground snow load?
 Yes No Other: _____

b) The building has been designed to withstand a minimum Of 115 mph Wind Load (3 second gust wind speed)?
 Yes No Other: _____

8. The following Indicates the live floor load (s), (Table 1607.1) for which the floor system has been designated:
 _____ psf, area: _____
 _____ psf, area: NA
 _____ psf, area: _____

9. a) The soil bearing capacity required for this design is _____ per square foot
b) A soils investigation report has been prepared and attached?
 Yes No Other: NA

10. The plans submitted do not show compliance with the following Michigan Barrier Free Design rules: (attach application for exception request)
 NA Building is in compliance with Michigan Barrier Free Design

11. The following sealed plans have been submitted, or will be submitted prior to issuance of the applicable permit: (check more than one if applicable)
 Architectural Electrical Plumbing
 Mechanical Fire Suppression Other NA
 Special Inspections will be performed (Section 1704)
 The special inspections statement handout (Section 1704.1.1) is attached

12. a) Required Heating demand _____ BTU's, Cooling demand _____ tons of cooling.
b) Input rating of Heating equipment _____ BTU's, Cooling equipment _____ tons of cooling.

13. Provide electrical service voltage _____ amperage _____.

14. Number of plumbing fixtures _____.

15. The building area is _____ square feet. NA

16. The building height above grade is _____ feet and _____ stories.

17. Fire areas and square footage

18. I have attached documentation for the Energy Code Requirements?
 Building Envelope Heating and Cooling Systems Electrical Systems

ARCHITECT'S OR ENGINEER'S CONTACT INFORMATION:

NAME: _____
ADDRESS: _____
NA
OFFICE PHONE: _____ CELL PHONE: _____
EMAIL ADDRESS: _____

SIGNATURE WITH SEAL



CITY OF ANN ARBOR

Printed: June 14, 2019

301 E HURON ST • ANN ARBOR, MI 48104
(734) 794-6267

Receipt Number: 2019-00061035

Permit Number: BLDG19-1057

Permit Type: BUILDING

Site Address: 200 E HURON ST

Applicant:

Owner: EMBASSY HOTEL OF ANN ARBOR, INC

Contractor:

Job Description:

FEEES PAID

0026-033-3330-0000-4311

BUILDING PERMIT FEES

BASE FEE -NO INSPECTIONS INCLUDED N	0026-033-3330-0000-4311	\$15.00
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Total Fees for Account 0026-033-3330-0000-4311:

\$15.00

0026-033-3330-0000-4345

BUILDING PERMIT FEES

PLAN EXAMINATION	0026-033-3330-0000-4345	\$26.00
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Total Fees for Account 0026-033-3330-0000-4345:

\$26.00

Total Fees Paid:

\$41.00

Date Paid: Friday, June 14, 2019

Paid By: LOGOS

Address: , ,

Pay Method: CREDIT CARD TYPE NOT