



City of South Haven

Building Services Department

City Hall • 539 Phoenix Street • South Haven, Michigan 49090-1573
Telephone (269) 637-0789 • Fax (269) 637-5319

BUILDING PLAN REVIEW APPLICATION

PROJECT NAME: _____

PROJECT ADDRESS: _____

PROPERTY TAX NUMBER: _____

PROPERTY OWNER(S) INFORMATION

APPLICANT(S) INFORMATION

NAME: _____ **NAME:** _____

ADDRESS: _____ **ADDRESS:** _____

_____ | _____

PHONE: _____ **PHONE:** _____

FAX: _____ **FAX:** _____

E-MAIL: _____ **E-MAIL:** _____

Project Information (Circle): **New Construction** or **Remodeling** or **Addition**

Demolition Required: _____ Yes _____ No

(If yes, please indicate to what extent you will perform work as part of Scope of Work description on page 2 of application.)

Building Area (List each floor): _____

Total Height of Roof and/or appurtenances: _____

Fire sprinkling system to be utilized: _____ Yes _____ No **Stand Pipe Required:** _____ Yes _____ No

Type of Construction Proposed: _____ **Use/Occupancy:** _____

Has project received approvals from South Haven’s Planning Commission: _____ Yes _____ No

(If yes, please attach associated correspondence relative to this project and a brief summary letter with this application.)

Has project received approvals from State regulatory or other agencies: _____ Yes _____ No

(If yes, please attach associated correspondence relative to this project and a brief summary letter with this application.)

