



Charter Township of Orion

Building Department

2323 Joslyn Rd. Lake Orion, MI 48360

Phone: (248) 391-0304, ext. 6003

www.oriontownship.org

Date Stamp - Received



BUILDING PERMIT APPLICATION for COMMERCIAL PROPERTIES

REQUIREMENTS FOR SUBMITTAL: Completed & Legible Application, 2 set of Plans (24x36"), Structural Calculations, Change of Occupancy Application, Roof Load Data Sheet, All Approvals from Planning/Zoning.

ONLINE SUBMITTALS: NOT ALLOWED. Must submit in person or by mail.

I. JOB LOCATION
* STREET ADDRESS: 215 S. Broadway
* CITY: Lake Orion STATE: MI ZIP CODE: 48362
* SIDWELL/PARCEL ID #: 0 - 09 - 11 - 228 - 020
* PLAZA NAME: None
* NAME OF BUSINESS: Lumber Yard at Paint Creek

OFFICE USE ONLY
Permit Number: PB -
PBV 25 - 012
Application Fee: \$

II. PROPERTY OWNER INFORMATION
* NAME: Lake Orion DDA
* ADDRESS: 118 N. Broadway
CITY: Lake Orion STATE: MI ZIP CODE: 48362
* PHONE NUMBER: 248 693 9742 * EMAIL: gibb@downtownlakeorion.org

III. CONTRACTOR INFORMATION (MUST HAVE THIS INFORMATION WHEN SUBMITTING - NO T.B.D.)
* CONTRACTOR LICENSEE NAME: Multiple not provided
* NAME OF COMPANY:
* ADDRESS:
CITY: STATE: ZIP CODE:
* PHONE NUMBER: * EMAIL:

IV. ARCHITECT/ENGINEER INFORMATION
* NAME: None required for commercial projects and change of use
* NAME OF COMPANY:
* ADDRESS:
CITY: STATE: ZIP CODE:
* PHONE NUMBER: * EMAIL:
* ENGINEER'S LICENSE #: * LICENSE EXPIRATION DATE:

V. APPLICANT INFORMATION
APPLYING AS CONTRACTOR LICENSEE INITIALS - INFORMATION SAME AS ABOVE UNDER CONTRACTOR INFORMATION:
APPLYING AS ARCHITECT LICENSEE INITIALS - INFORMATION SAME AS ABOVE UNDER ARCHITECT INFORMATION:
APPLYING AS PROPERTY OWNER LICENSEE INITIALS - INFORMATION SAME AS ABOVE UNDER PROPERTY OWNER INFORMATION:
APPLYING AS TENANT * NAME: MATT GIBB (248) 464-0307
* ADDRESS: Property owner is the DDA, not Matt Gibb
CITY: STATE: ZIP CODE:
* MUST HAVE AUTHORIZED LETTER FROM PROPERTY OWNER TO DO THE WORK
No letter in files received * PHONE NUMBER: * EMAIL:

VI. BUILDING/PROJECT INFORMATION

* CONSTRUCTION DETAILS:

- Estimated Cost of Construction: \$ 400,000
- Square Footage of Project: 8,000 Sq. Ft.
- Occupant Load: Outdoor
100±

* DESCRIPTION OF WORK:

Repair facade, doors, hardware
Repair sheathing / Prepare for Beam Roof
Repair decking
Repair shed

* PROJECT INFORMATION:

CHECK ALL THAT APPLY		
TYPE OF PROJECT	PROJECT AREA	TYPE OF STRUCTURE
<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration/Interior Finish <input checked="" type="checkbox"/> Roof <input checked="" type="checkbox"/> Misc. - <u>Repair</u>	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing <input type="checkbox"/> Shell Only <input type="checkbox"/> Foundation Only <input type="checkbox"/> White Box <input checked="" type="checkbox"/> Other: <u>Facade / sheathing</u>	<input type="checkbox"/> Building - Interior <input type="checkbox"/> Building - Exterior <input type="checkbox"/> Tenant Space <input checked="" type="checkbox"/> Roof <input checked="" type="checkbox"/> Other: <u>BEAM</u>

USE – OCCUPANCY CLASSIFICATION: Check all that apply

<input type="checkbox"/> Vacant <input type="checkbox"/> A-1: Assembly (Theaters, etc) <input type="checkbox"/> A-2: Assembly (Restaurants, Bars, etc) <input type="checkbox"/> A-3: Assembly (Library, Religious Bldgs, etc) <input type="checkbox"/> A-4: Assembly (Indoor Sports Facilities, etc) <input type="checkbox"/> A-5: Assembly (Outdoor Sports, Stadiums, etc) <input type="checkbox"/> B: Business <input type="checkbox"/> E: Educational <input type="checkbox"/> F-1: Factory (Moderate Hazard)	<input type="checkbox"/> F-2: Factory (Low Hazard) <input type="checkbox"/> H-1: High Hazard (Detonation) <input type="checkbox"/> H-2: High Hazard (Deflagration) <input type="checkbox"/> H-3: High Hazard (Physical) <input type="checkbox"/> H-4: High Hazard (Health) <input type="checkbox"/> H-5: High Hazard (HPM) <input type="checkbox"/> I-1: Institutional 1 (Supervised – Assisted Liv.) <input type="checkbox"/> I-2: Institutional 2 (Hospital, Nursing Home) <input type="checkbox"/> I-3: Institutional 3 (Prisons, etc)	<input type="checkbox"/> I-4: Institutional 4 (Daycares, etc) <input type="checkbox"/> M: Mercantile <input type="checkbox"/> R-1: Residential 1 (Hotels, Boarding Houses) <input type="checkbox"/> R-2: Residential 2 (Multi-Family, Faternity) <input type="checkbox"/> R-3: Residential 3 (1&2 Family, Townhome) <input type="checkbox"/> R-4: Residential 4 (Assisted Living) <input type="checkbox"/> S-1: Storage (Moderate Hazard) <input type="checkbox"/> S-2: Storage (Low Hazard) <input checked="" type="checkbox"/> U: Utility (Misc, Garages, Sheds, Fences)
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Check all that Apply

FIRE SUPPRESSION SYSTEM	FIRE ALARM	BUILDING USE
<input type="checkbox"/> New <input type="checkbox"/> Partial/Alteration <input type="checkbox"/> Complete <input checked="" type="checkbox"/> None	<input type="checkbox"/> New <input type="checkbox"/> Partial/Alteration <input type="checkbox"/> Complete <input type="checkbox"/> NFPA – 13 <input type="checkbox"/> NFPA – 13R <input type="checkbox"/> NFPA – 13D <input type="checkbox"/> Limited Area <input type="checkbox"/> Range Hood	<input type="checkbox"/> Single Use <input type="checkbox"/> Mixed Use <input checked="" type="checkbox"/> Non-Separated Uses <input type="checkbox"/> Separated Uses <input checked="" type="checkbox"/> Separated Buildings * Existing Use: _____ * Proposed Use: <u>Trail Head / Market</u>

TYPE OF CONSTRUCTION CLASSIFICATION PROPOSED FOR BUILDING – Check all that Apply

<input type="checkbox"/> Type I A <input type="checkbox"/> Type I B <input checked="" type="checkbox"/> Other: <u>Group U - Assembly of Bldg</u>	<input type="checkbox"/> Type II A <input type="checkbox"/> Type II B	<input type="checkbox"/> Type III A <input type="checkbox"/> Type III B	<input type="checkbox"/> Type IV <input type="checkbox"/> Type V A <input type="checkbox"/> Type V B
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? Past and proposed use is not Ag

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to submit this application as his 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 Constitution Code Act of 1972, 1972 PA 230, MCL 125.15239, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to person who is to perform work on a residential building or a residential structure. Violators of Section 23a are subject to civil fines.

PHYSICAL SIGNATURE of Applicant: [Signature]
 Print Name: Matthew G. G Date: 9.1.25

PERMIT INSTRUCTIONS:

Applicants – Please contact Orion Township Public Works for Water & Sewer Fees. Water/Sewer fess MUST be paid prior to issuing your Building Permit.

Trade Permits: Electrical, Mechanical, Plumbing permits (if needed) are NOT part of this Building permit and will need to be applied for individually.

Inspections: All inspections MUST be scheduled at BSAonline.com.

Permit Renewal: All permits shall be valid for 360 days. However, an extension may be requested by the original permit holder in writing. If permit is NOT expired, the 1st extension is included in permit fee. If another extension is needed, there will be an extension fee charged to extend if granted.

Re-Inspections: If any inspection is not ready when the inspector arrives or the inspector is unable to enter the site, a re-inspection fee will be charged.

Required Submittal Document - Checklist:

<input type="checkbox"/> Completed Application	<input type="checkbox"/> Roof Data Sheet	<input type="checkbox"/> Change of Occupancy Application	<input type="checkbox"/> Plot Plan
<input type="checkbox"/> 2 sets of plans (24x36")	<input type="checkbox"/> Structural Calculations		

*** I have read the permit instructions & submitting required documents:** _____

Initials of Applicant





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Building Department

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* PHONE NUMBER: 248 693 9742 * EMAIL: gibs@downtownlakeorion.org

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* CONTRACTOR LICENSEE NAME: Multiple
* NAME OF COMPANY:
* ADDRESS:
CITY: STATE: ZIP CODE:
* PHONE NUMBER: * EMAIL:

IV. ARCHITECT/ENGINEER INFORMATION
* NAME: None
* NAME OF COMPANY:
* ADDRESS:
CITY: STATE: ZIP CODE:
* PHONE NUMBER: * EMAIL:
* ENGINEER'S LICENSE #: * LICENSE EXPIRATION DATE:

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APPLYING AS TENANT * NAME: MATT GIBB (248) 464-0307
* ADDRESS:
CITY: STATE: ZIP CODE:
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Repair shed

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TYPE OF PROJECT	PROJECT AREA	TYPE OF STRUCTURE
<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration/Interior Finish <input checked="" type="checkbox"/> Roof <input checked="" type="checkbox"/> Misc. - <u>Repair</u>	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing <input type="checkbox"/> Shell Only <input type="checkbox"/> Foundation Only <input type="checkbox"/> White Box <input checked="" type="checkbox"/> Other: <u>Facade / sheathing</u>	<input type="checkbox"/> Building - Interior <input type="checkbox"/> Building - Exterior <input type="checkbox"/> Tenant Space <input checked="" type="checkbox"/> Roof <input checked="" type="checkbox"/> Other: <u>BEAM</u>

USE – OCCUPANCY CLASSIFICATION: Check all that apply

- | | | |
|--|--|---|
| <input type="checkbox"/> Vacant | <input type="checkbox"/> F-2: Factory (Low Hazard) | <input type="checkbox"/> I-4: Institutional 4 (Daycares, 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) |
| <input type="checkbox"/> A-3: Assembly (Library, Religious Bldgs, etc) | <input type="checkbox"/> H-3: High Hazard (Physical) | <input type="checkbox"/> R-2: Residential 2 (Multi-Family, Faternity) |
| <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, Townhome) |
| <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 | <input type="checkbox"/> I-1: Institutional 1 (Supervised – Assisted Liv.) | <input type="checkbox"/> S-1: Storage (Moderate Hazard) |
| <input type="checkbox"/> E: Educational | <input type="checkbox"/> I-2: Institutional 2 (Hospital, Nursing Home) | <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 checked="" type="checkbox"/> U: Utility (Misc, Garages, Sheds, Fences) |

Check all that Apply

FIRE SUPPRESSION SYSTEM	FIRE ALARM	BUILDING USE
<input type="checkbox"/> New <input type="checkbox"/> Partial/Alteration <input type="checkbox"/> Complete <input checked="" type="checkbox"/> None	<input type="checkbox"/> New <input type="checkbox"/> Partial/Alteration <input type="checkbox"/> Complete <input checked="" type="checkbox"/> None	<input type="checkbox"/> Single Use <input type="checkbox"/> Mixed Use <input checked="" type="checkbox"/> Non-Separated Uses <input checked="" type="checkbox"/> Separated Uses <input checked="" type="checkbox"/> Separated Buildings
* Existing Use: _____ * Proposed Use: <u>Trail Head / Micket</u>		

TYPE OF CONSTRUCTION CLASSIFICATION PROPOSED FOR BUILDING – Check all that Apply

- | | | | | |
|--|------------------------------------|-------------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Type I A | <input type="checkbox"/> Type II A | <input type="checkbox"/> Type III A | <input type="checkbox"/> Type IV | <input type="checkbox"/> Type V A |
| <input type="checkbox"/> Type I B | <input type="checkbox"/> Type II B | <input type="checkbox"/> Type III B | | <input type="checkbox"/> Type V B |
| <input checked="" type="checkbox"/> Other: <u>Group C - Assembly Ag Bldg</u> ? Past and proposed use is not Ag | | | | |

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to submit this application as his 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.

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- | | | | |
|---|--|--|------------------------------------|
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| <input type="checkbox"/> 2 sets of plans (24x36") | <input type="checkbox"/> Structural Calculations | | |

*** I have read the permit instructions & submitting required documents:** _____

Initials of Applicant





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* SIDWELL/PARCEL ID #: OL-09-11 - 000 - 000
* PLAZA NAME: Lumber Yard at Paint Creek
* NAME OF BUSINESS: Lake Orion DDA
OFFICE USE ONLY
Permit Number: PB - PBV 25-019
Application Fee: \$
NEW EXISTING

II. PROPERTY OWNER INFORMATION
* NAME: Lake Orion Downtown Development Authority
* ADDRESS: 118 N Broadway
CITY: Lake Orion STATE: MI ZIP CODE: 48362
* PHONE NUMBER: 248 693 9742 * EMAIL: gibbedowntownlakeorion.org

III. CONTRACTOR INFORMATION (MUST HAVE THIS INFORMATION WHEN SUBMITTING - NO T.B.D.)
* CONTRACTOR LICENSEE NAME: Mickey's Construction - Mike Bantos
* NAME OF COMPANY:
* ADDRESS: 643 Shelmar Lane
CITY: Ontonville STATE: MI ZIP CODE: 48462
* PHONE NUMBER: 248 884 0464 * EMAIL:

IV. ARCHITECT/ENGINEER INFORMATION
* NAME: None required for commercial/public projects and change of use
* NAME OF COMPANY:
* ADDRESS:
CITY: STATE: ZIP CODE:
* PHONE NUMBER: * EMAIL:
* ENGINEER'S LICENSE #: * LICENSE EXPIRATION DATE:

V. APPLICANT INFORMATION
APPLYING AS CONTRACTOR LICENSEE INITIALS - INFORMATION SAME AS ABOVE UNDER CONTRACTOR INFORMATION:
APPLYING AS ARCHITECT LICENSEE INITIALS - INFORMATION SAME AS ABOVE UNDER ARCHITECT INFORMATION:
APPLYING AS PROPERTY OWNER LICENSEE INITIALS - INFORMATION SAME AS ABOVE UNDER PROPERTY OWNER INFORMATION:
APPLYING AS TENANT * NAME: ? * ADDRESS:
* MUST HAVE AUTHORIZED LETTER FROM PROPERTY OWNER TO DO THE WORK
CITY: STATE: ZIP CODE:
* PHONE NUMBER: * EMAIL:

VI. BUILDING/PROJECT INFORMATION		
* CONSTRUCTION DETAILS: • Estimated Cost of Construction: \$ <u>190,000</u> • Square Footage of Project: <u>6,000</u> Sq. Ft. • Occupant Load: <u>Roof Surface</u>		* DESCRIPTION OF WORK: <u>Repair Footings</u> <u>Replace Barn Roof</u> <u>- Including repairs to sheathing</u>
* PROJECT INFORMATION:		
CHECK ALL THAT APPLY		
TYPE OF PROJECT <input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration/Interior Finish <input checked="" type="checkbox"/> Roof <input checked="" type="checkbox"/> Misc. <u>Footings</u>	PROJECT AREA <input type="checkbox"/> New <input checked="" type="checkbox"/> Existing <input type="checkbox"/> Shell Only <input type="checkbox"/> Foundation Only <input type="checkbox"/> White Box <input checked="" type="checkbox"/> Other: <u>ROOF</u>	TYPE OF STRUCTURE <input type="checkbox"/> Building - Interior <input type="checkbox"/> Building - Exterior <input type="checkbox"/> Tenant Space <input checked="" type="checkbox"/> Roof <input checked="" type="checkbox"/> Other: <u>BARN</u>
USE – OCCUPANCY CLASSIFICATION: Check all that apply		
<input type="checkbox"/> Vacant <input type="checkbox"/> A-1: Assembly (Theaters, etc) <input type="checkbox"/> A-2: Assembly (Restaurants, Bars, etc) <input type="checkbox"/> A-3: Assembly (Library, Religious Bldgs, etc) <input type="checkbox"/> A-4: Assembly (Indoor Sports Facilities, etc) <input type="checkbox"/> A-5: Assembly (Outdoor Sports, Stadiums, etc) <input type="checkbox"/> B: Business <input type="checkbox"/> E: Educational <input type="checkbox"/> F-1: Factory (Moderate Hazard)	<input type="checkbox"/> F-2: Factory (Low Hazard) <input type="checkbox"/> H-1: High Hazard (Detonation) <input type="checkbox"/> H-2: High Hazard (Deflagration) <input type="checkbox"/> H-3: High Hazard (Physical) <input type="checkbox"/> H-4: High Hazard (Health) <input type="checkbox"/> H-5: High Hazard (HPM) <input type="checkbox"/> I-1: Institutional 1 (Supervised – Assisted Liv.) <input type="checkbox"/> I-2: Institutional 2 (Hospital, Nursing Home) <input type="checkbox"/> I-3: Institutional 3 (Prisons, etc)	<input type="checkbox"/> I-4: Institutional 4 (Daycares, etc) <input type="checkbox"/> M: Mercantile <input type="checkbox"/> R-1: Residential 1 (Hotels, Boarding Houses) <input type="checkbox"/> R-2: Residential 2 (Multi-Family, Faternity) <input type="checkbox"/> R-3: Residential 3 (1&2 Family, Townhome) <input type="checkbox"/> R-4: Residential 4 (Assisted Living) <input type="checkbox"/> S-1: Storage (Moderate Hazard) <input checked="" type="checkbox"/> S-2: Storage (Low Hazard) ? <input checked="" type="checkbox"/> U: Utility (Misc, Garages, Sheds, Fences) ?
Check all that Apply		
FIRE SUPPRESSION SYSTEM <input type="checkbox"/> New <input type="checkbox"/> Partial/Alteration <input type="checkbox"/> Complete <input checked="" type="checkbox"/> None	FIRE ALARM <input type="checkbox"/> New <input type="checkbox"/> Partial/Alteration <input type="checkbox"/> Complete <input type="checkbox"/> Manual <input type="checkbox"/> Automatic Detection <input checked="" type="checkbox"/> None	BUILDING USE <input type="checkbox"/> Single Use <input type="checkbox"/> Mixed Use <input type="checkbox"/> Non-Separated Uses <input type="checkbox"/> Separated Uses <input type="checkbox"/> Separated Buildings * Existing Use: <u>Storage Barn</u> ? * Proposed Use: <u>Market shed</u>
TYPE OF CONSTRUCTION CLASSIFICATION PROPOSED FOR BUILDING – Check all that Apply		
<input type="checkbox"/> Type I A <input type="checkbox"/> Type I B <input checked="" type="checkbox"/> Other: <u>Historic Preservation</u>	<input type="checkbox"/> Type II A <input type="checkbox"/> Type II B	<input type="checkbox"/> Type III A <input type="checkbox"/> Type III B <input type="checkbox"/> Type IV <input type="checkbox"/> Type V A <input type="checkbox"/> Type V B

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to submit this application as his 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.

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PHYSICAL SIGNATURE of Applicant: [Signature]

Print Name: Matthew Gibb

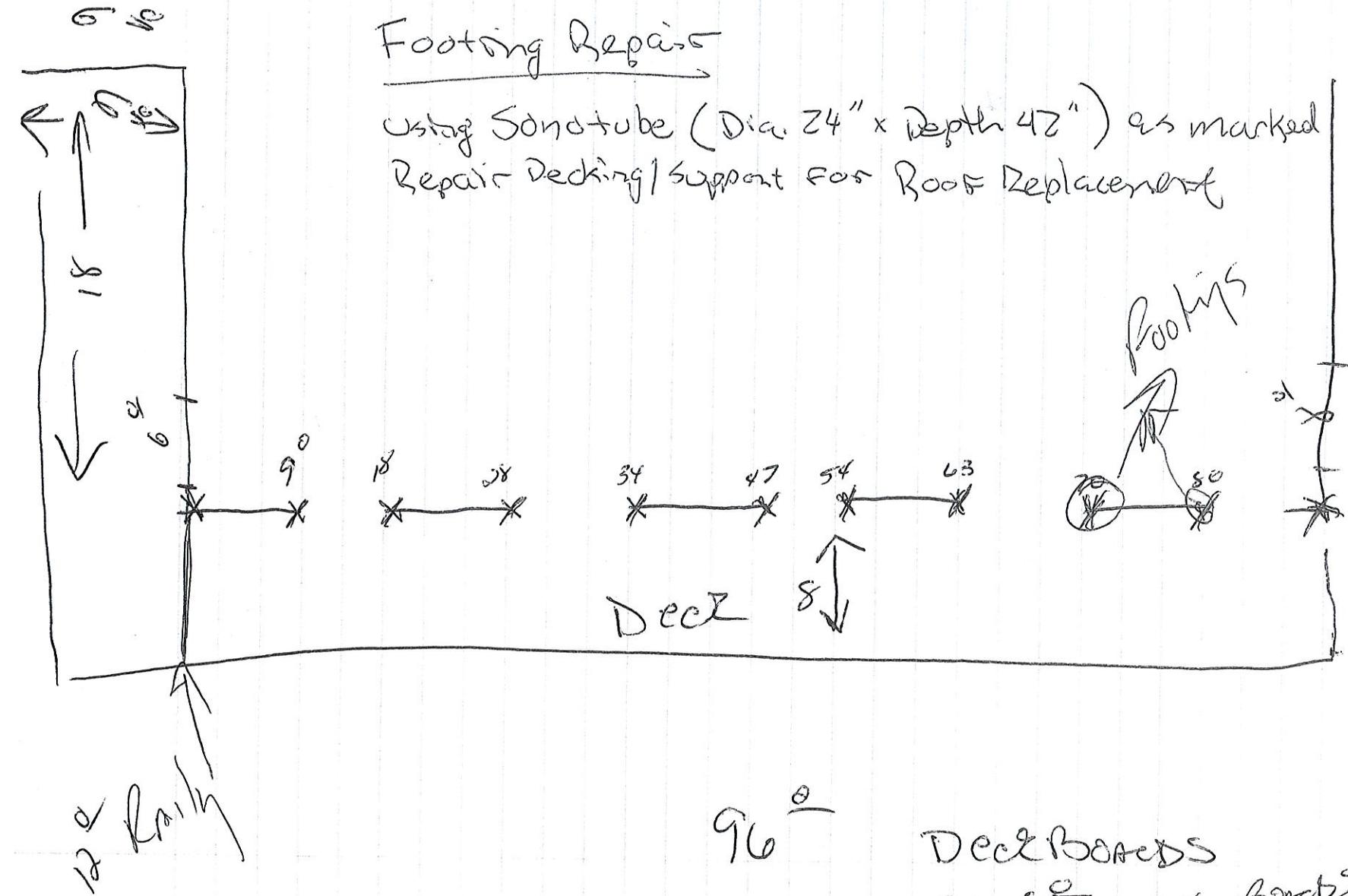
Date: 5/12/2023

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* I have read the permit instructions & submitting required documents: _____	

Initials of Applicant

Footing Repair

Using Sonotube (Dia. 24" x Depth 42") as marked
Repair Decking/Support for Roof Replacement



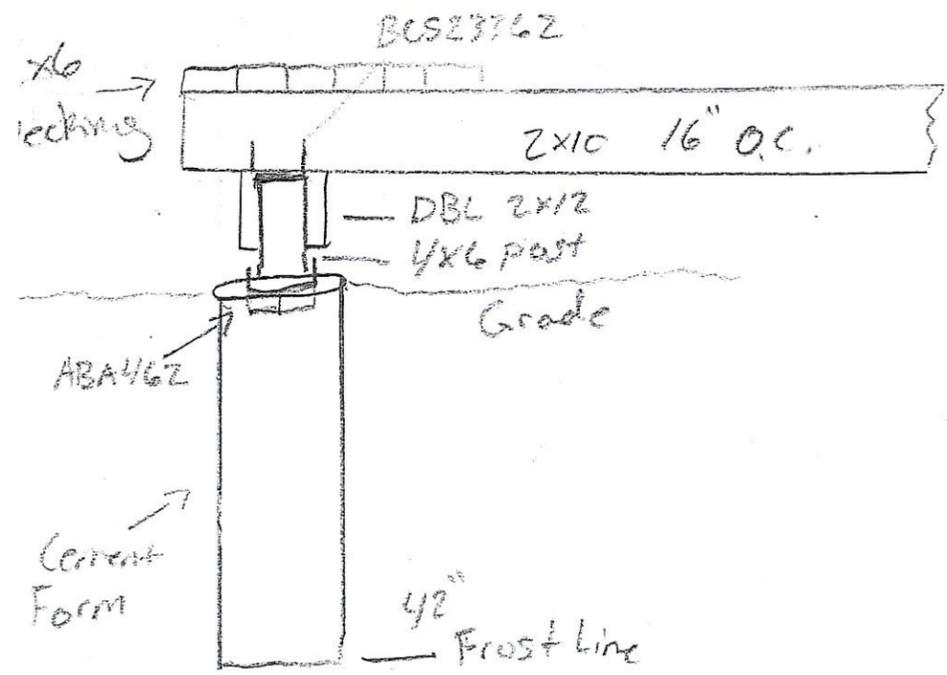
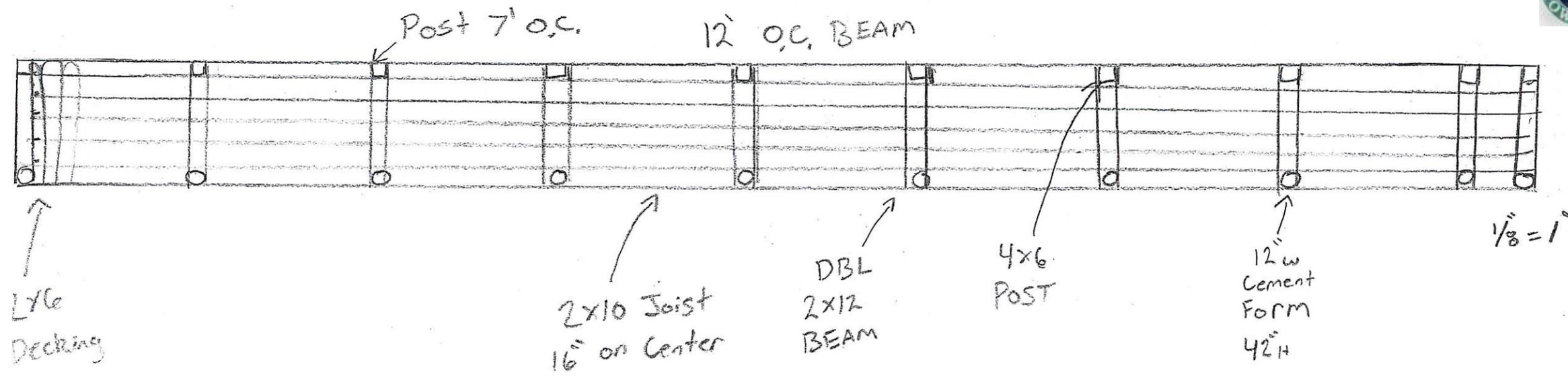
Design Loads?
Soil Bearing Capacity?
Type of Lumber?
Location on site?



Reviewed for Code Compliance

David Goodloe

Appears to have been reviewed with permit number but township says no permits have been issued and information is incomplete



- Design Loads?
- Type of wood being used?
- Soil bearing capacity?
- Connections?
- Location on site?
- Relations to existing structures?
- Stars and/or ramps for accessibility?

REVISER RECEIVED
 JUN 18 2025
 PBV25.09
 215 Broadway

RECEIVED
 JUN 10 2025
 By CP