

BUILDING PERMIT APPLICATION

PERMIT # B- _____ - _____

EMMETT TOWNSHIP 11100 Dunnigan Road, Emmett, MI 48022
 Phone (810) 384-8070 Fax (810) 384-6138

DATE _____ - _____ - _____

Authority: ACT 230, PA 1972, AS Amended Completion: Mandatory to obtain Permit Penalty: Work done prior to obtaining a permit may be assessed an additional fee	Emmett Twp will not discriminate against any individual or group because of Race, Sex, Religion, Age, National Origin, Color, Marital Status, Handicap or Political Beliefs.	For Inspections Call JIM WADDY 810-650-1714
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APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, V, AND VI
NOTE: SEPARATE APPLICATION MUST BE COMPLETED FOR PLUMBING, MECHANICAL AND ELECTRICAL WORK PERMITS

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION:

I. PROJECT or FACILITY INFORMATION

PROPERTY ID# 74-19-

NAME OF OWNER	PHONE #
STREET ADDRESS / JOB LOCATION	

II. IDENTIFICATION

A. ARCHITECT OR ENGINEER

NAME	ADDRESS	CITY	STATE	ZIP
LICENSE NUMBER		EXPIRATION DATE		

B. APPLICANT - HOMEOWNER / CONTRACTOR CONTACT INFORMATION

APPLICANT IS:	<input type="checkbox"/> Contractor	<input type="checkbox"/> Homeowner	TELEPHONE NUMBER	EMAIL
NAME	ADDRESS	CITY	STATE	ZIP
BUILDER LICENSE NUMBER (INDIVIDUAL)	EXPIRATION DATE	BUILDER LICENSE NUMBER (COMPANY)	EXPIRATION DATE	
FEDERAL EMPLOYER ID NUMBER	WORKERS COMPENSATION INSURANCE CARRIER	UIA NUMBER		

III. TYPE OF IMPROVEMENT AND PLAN REVIEW

A. TYPE OF IMPROVEMENT

<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> ADDITION	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> REPAIR	<input type="checkbox"/> DEMOLITION
<input type="checkbox"/> MOBILE HOME SET-UP	<input type="checkbox"/> FOUNDATION ONLY	<input type="checkbox"/> PREMANUFACTURE	<input type="checkbox"/> RELOCATION	<input type="checkbox"/> POLE BUILDING
<input type="checkbox"/> SPECIAL INSPECTION	<input type="checkbox"/> GARAGE	<input type="checkbox"/> ACCESSORY BUILDING	<input type="checkbox"/> DECK	<input type="checkbox"/> SWIMMING POOL

B. REVIEW(S) TO BE PERFORMED

<input type="checkbox"/> BUILDING	<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> PLUMBING	<input type="checkbox"/> FOUNDATION
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IV. PROPOSED BUILDING

A. RESIDENTIAL

- | | | |
|--|--|--|
| <input type="checkbox"/> ONE FAMILY | <input type="checkbox"/> TWO OR MORE FAMILY - NO. OF UNITS | <input type="checkbox"/> HOTEL, MOTEL - NO. OF UNITS |
| <input type="checkbox"/> ATTACHED GARAGE | <input type="checkbox"/> DETACHED GARAGE | <input type="checkbox"/> OTHER |

B. NON-RESIDENTIAL

- | | | |
|--|---|---|
| <input type="checkbox"/> AMUSEMENT | <input type="checkbox"/> SCHOOL, LIBRARY, EDUCATION | <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL |
| <input type="checkbox"/> INDUSTRIAL | <input type="checkbox"/> CHURCH, RELIGION | <input type="checkbox"/> PUBLIC UTILITY |
| <input type="checkbox"/> PARKING GARAGE | <input type="checkbox"/> HOSPITAL, INSTITUTIONAL | <input type="checkbox"/> TANKS, TOWERS |
| <input type="checkbox"/> SERVICE STATION | <input type="checkbox"/> STORE, MERCANTILE | <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. (ATTACH ADDITIONAL PAGE(S) AS NECESSARY).

V. SELECTED CHARACTERISTICS OF BUILDING

A. PRINCIPAL TYPE OF FRAME

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> MASONRY, WALL BEARING | <input type="checkbox"/> WOOD FRAME | <input type="checkbox"/> STRUCTURAL STEEL |
| <input type="checkbox"/> REINFORCED CONCRETE | <input type="checkbox"/> OTHER | |

B. FOUNDATION FRAME

- | | | | |
|--|--------------------------------|---|-------------------------------------|
| <input type="checkbox"/> BASEMENT | <input type="checkbox"/> OTHER | <input type="checkbox"/> FOOTING DIMENSIONS | <input type="checkbox"/> POST HOLES |
| <input type="checkbox"/> CRAWL SPACE | | WIDTH _____ HEIGHT _____ | DIAMETER _____ DEPTH _____ |
| <input type="checkbox"/> BLOCK TYPE | WIDTH IN INCHES _____ | <input type="checkbox"/> WOLMANIZED | |
| <input type="checkbox"/> POURED CEMENT | WIDTH IN INCHES _____ | <input type="checkbox"/> PRECAST | |

D. PRINCIPAL TYPE OF HEATING FUEL

- | | | | | |
|------------------------------|------------------------------|--------------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> GAS | <input type="checkbox"/> OIL | <input type="checkbox"/> ELECTRICITY | <input type="checkbox"/> WOOD | <input type="checkbox"/> OTHER |
|------------------------------|------------------------------|--------------------------------------|-------------------------------|--------------------------------|

E. TYPE OF SEWAGE DISPOSAL

- | | | |
|-------------------------------|--|--------------------------------|
| <input type="checkbox"/> CITY | <input type="checkbox"/> SEPTIC SYSTEM | <input type="checkbox"/> OTHER |
|-------------------------------|--|--------------------------------|

F. TYPE OF WATER SUPPLY

- | | | |
|-------------------------------|--|--------------------------------|
| <input type="checkbox"/> CITY | <input type="checkbox"/> PRIVATE WELL OR CISTERN | <input type="checkbox"/> OTHER |
|-------------------------------|--|--------------------------------|

G. TYPE OF MECHANICAL

- | | | | | | |
|---------------------------------|------------------------------|-----------------------------|---------------------------------|------------------------------|-----------------------------|
| WILL THERE BE AIR CONDITIONING? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | WILL THERE BE FIRE SUPPRESSION? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|---------------------------------|------------------------------|-----------------------------|---------------------------------|------------------------------|-----------------------------|

LETTER OF INTENT / INTENDED USE OF STRUCTURE:

H. DIMENSIONS / DATA

NUMBER OF STORIES	_____	FLOOR AREA	EXISTING	ALTERATIONS	NEW
USE GROUP	_____	BASEMENT	_____	_____	_____
CONSTRUCTION TYPE	_____	1ST & 2ND FLOOR	_____	_____	_____
NO. OF OCCUPANTS	_____	TOTAL AREA	_____	_____	_____
COST OF CONSTRUCTION \$	_____				

I. NUMBER OF OFF STREET PARKING SPACES

ENCLOSED _____ OUTDOORS _____

VI. APPLICANT SIGNATURE

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.

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 _____

TELEPHONE () _____

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 knowlege.

SIGNATURE OF APPLICANT:

VII. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THE FOLLOWING SECTIONS

	REQUIRED		APPROVED	DATE
	YES	NO		
A. ZONING VARIANCE APPLICATION	YES	NO		
B. FIRE DISTRICT	YES	NO		
C. POLLUTION CONTROL	YES	NO		
D. NOISE CONTROL	YES	NO		
E. SOIL EROSION	YES	NO		
F. FLOOD ZONE	YES	NO		
G. WATER SUPPLY	YES	NO		
H. SEPTIC SYSTEM	YES	NO		
I. VARIANCE GRANTED	YES	NO		
J. CULVERT	YES	NO		
K. HOUSE NUMBERS	YES	NO		
L. OTHER	YES	NO		

VIII. VALIDATION - FOR DEPARTMENT USE ONLY

SQUARE FEET	NUMBER OF INSPECTIONS	X \$	=	\$
BASE FEE \$				
PLAN REVIEW FEE \$		Total Permit Fee \$		
Bond \$		Total Amount Due \$		
APPROVAL SIGNATURE: _____			DATE: _____	

DATE ISSUED _____ RECEIPT # _____

CASH CHECK # _____

RECD BY _____

PLEASE MAKE CHECKS PAYABLE TO EMMETT TOWNSHIP

