

Building Application Emmett Township

11100 Dunnigan, Emmett, MI 48022
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<p>AUTHORITY: P.A. 230 OF 1972. AS AMENDED COMPLETION: MANDATORY TO OBTAIN PERMIT PENALTY: APPLICATION MUST BE COMPLETED. SIGNED PROPER FEE ENCLOSED OR PERMIT WILL NOT BE ISSUED.</p>	<p>THE BUILDING DEPT. WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORI- GIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS.</p>
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APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, V, VI, AND IX (In Red)
NOTE: SEPARATE APPLICATIONS MUST BE MADE TO THE APPROPRIATE DIVISION
FOR PLUMBING, MECHANICAL AND ELECTRICAL WORK PERMITS.

I. LOCATION OF BUILDING			
ADDRESS:		ACREAGE:	
CITY, VILLAGE: EMMETT	TOWNSHIP: EMMETT	COUNTY: ST. CLAIR	ZIP CODE: 48022
BETWEEN:	AND:	TAX I.D. #: 74-19-	
II. IDENTIFICATION			
A. OWNER OR LESSEE			
NAME:		TELEPHONE NO.:	
ADDRESS:	CITY:	STATE:	ZIP CODE:
B. ARCHITECT OR ENGINEER			
NAME:		TELEPHONE NO.:	
ADDRESS:	CITY:	STATE:	ZIP CODE:
LICENSE NUMBER:	EXPIRATION DATE:		
C. CONTRACTOR			
NAME:		TELEPHONE NO.:	
ADDRESS:	CITY:	STATE:	ZIP CODE:
BUILDERS LICENSE NUMBER:	EXPIRATION DATE:		
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION:			
WORKERS COMP. INSURANCE CARRIER OR REASON FOR EXEMPTION:			
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION:			
III. TYPE OF IMPROVEMENT AND PLAN REVIEW			
A. TYPE OF IMPROVEMENT			
1. <input type="checkbox"/> HOUSE	2. <input type="checkbox"/> ADDITION	3. <input type="checkbox"/> ALTERATION	4. <input type="checkbox"/> REPAIR
5. <input type="checkbox"/> WRECKING	6. <input type="checkbox"/> MOBILE HOME SET-UP	7. <input type="checkbox"/> FOUNDATION ONLY	8. <input type="checkbox"/> PREMANUFACTURE
9. <input type="checkbox"/> RELOCATION	10. <input type="checkbox"/> POLE BARN	11. <input type="checkbox"/> GARAGE	12. <input type="checkbox"/> ACCESSORY BLDG.
13. <input type="checkbox"/> DECKS	14. <input type="checkbox"/> POOL	15. <input type="checkbox"/> WHIRLPOOL/HOT TUB	
B. REVIEW(S) TO BE PERFORMED USING MICHIGAN BUILDING CODE.			
<input type="checkbox"/> BUILDING	<input type="checkbox"/> PLUMBING	<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> ELECTRIC
		<input type="checkbox"/> ENERGY	

IV. PROPOSED USE OF BUILDING**A. RESIDENTIAL**

- | | | |
|--|--|---|
| 1. <input type="checkbox"/> BUILDING | 3. <input type="checkbox"/> HOTEL, MOTEL
(NO. OF UNITS _____) | 5. <input type="checkbox"/> DETACHED GARAGE |
| 2. <input type="checkbox"/> TWO OR MORE FAMILY
(NO. OF UNITS _____) | 4. <input type="checkbox"/> ATTACHED GARAGE | 6. <input type="checkbox"/> OTHER |

B. NONRESIDENTIAL

- | | | |
|--|---|---|
| 7. <input type="checkbox"/> AMUSEMENT | 11. <input type="checkbox"/> SERVICE STATION | 15. <input type="checkbox"/> SCHOOL, LIBRARY, EDUCATIONAL |
| 8. <input type="checkbox"/> CHURCH, RELIGION | 12. <input type="checkbox"/> HOSPITAL, INSTITUTIONAL | 16. <input type="checkbox"/> STORE, MERCANTILE |
| 9. <input type="checkbox"/> INDUSTRIAL | 13. <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL | 17. <input type="checkbox"/> TANKS, TOWERS |
| 10. <input type="checkbox"/> PARKING GARAGE | 14. <input type="checkbox"/> PUBLIC UTILITY | 18. <input type="checkbox"/> OTHER |

NONRESIDENTIAL - 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.

V. SELECTED CHARACTERISTICS OF BUILDING**A. FOUNDATION FRAME**

- | | |
|--------------------------------------|--------------------------|
| <input type="checkbox"/> BASEMENT | FOOTING DIMENSIONS _____ |
| <input type="checkbox"/> CRAWL SPACE | USE OF BASEMENT _____ |

B. MATERIAL IN FOUNDATION WALLS

- | | | | | | |
|-------------------------------------|-----------------|-------------------------------------|--|-----------------|----------------------------------|
| <input type="checkbox"/> BLOCK TYPE | WIDTH IN INCHES | <input type="checkbox"/> WOLMANIZED | <input type="checkbox"/> POURED CEMENT | WIDTH IN INCHES | <input type="checkbox"/> PRECAST |
|-------------------------------------|-----------------|-------------------------------------|--|-----------------|----------------------------------|

C. PRINCIPAL TYPE OF FRAME ABOUT FINISH GRADE

- | | | | | |
|---|--|--|---|-----------------------------------|
| 1. <input type="checkbox"/> MASONRY, WALL BEARING | 2. <input type="checkbox"/> WOOD FRAME | 3. <input type="checkbox"/> STRUCTURAL STEEL | 4. <input type="checkbox"/> REINFORCED CONCRETE | 5. <input type="checkbox"/> OTHER |
|---|--|--|---|-----------------------------------|

D. PRINCIPAL TYPE OF HEATING FUEL

- | | | | | |
|---------------------------------|---------------------------------|---|----------------------------------|------------------------------------|
| 6. <input type="checkbox"/> GAS | 7. <input type="checkbox"/> OIL | 8. <input type="checkbox"/> ELECTRICITY | 9. <input type="checkbox"/> COAL | 10. <input type="checkbox"/> OTHER |
|---------------------------------|---------------------------------|---|----------------------------------|------------------------------------|

WILL THERE BE A FIRE PLACE YES NO IF YES WHAT TYPE _____

E. TYPE OF SEWAGE DISPOSAL

- | | |
|--|--|
| 11. <input type="checkbox"/> PUBLIC OR PRIVATE COMPANY | 12. <input type="checkbox"/> SEPTIC SYSTEM |
|--|--|

F. TYPE OF WATER SUPPLY

- | | |
|--|--|
| 13. <input type="checkbox"/> PUBLIC OR PRIVATE COMPANY | 14. <input type="checkbox"/> PRIVATE WELL OR CISTERN |
|--|--|

G. TYPE OF MECHANICAL

- | | |
|--|---|
| 15. WILL THERE BE AIR CONDITIONING? <input type="checkbox"/> YES <input type="checkbox"/> NO | 16. WILL THERE BE AN ELEVATOR? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|--|---|

H. DIMENSIONS

(Omit cents)

- | | |
|--|---------------------------------------|
| 17. COST OF IMPROVEMENTS.....\$ _____
<i>To be installed but not included in the above cost</i> | 18. NUMBER OF STORIES _____ |
| a. Electrical..... _____ | 19. FLOOR AREA: 1ST & 2ND FLOOR _____ |
| b. Plumbing..... _____ | 3RD - 10TH FLOOR _____ |
| c. Heating, air conditioning..... _____ | 11TH - ABOVE FLOOR _____ |
| d. Other (elevator, ect.)..... _____ | TOTAL AREA _____ |
| TOTAL COST OF IMPROVEMENT...\$ _____ | 20. GARAGE & SIZE _____ |

I. NUMBER OF OFF STREET PARKING SPACES

- | | |
|--------------------|--------------------|
| 21. ENCLOSED _____ | 22. OUTDOORS _____ |
|--------------------|--------------------|

VI. APPLICANT INFORMATION

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

NAME:

TELEPHONE NO.:

ADDRESS:

CITY:

STATE:

ZIP CODE:

FEDERAL I.D. NUMBER/SOCIAL SECURITY NUMBER:

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 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 CONSTRUCTION CODE ACT OF 1972, ACT NO. 230 OF THE PUBLIC ACTS OF 1972, BEING SECTION 125,1523A OF THE MICHIGAN COMPILED LAWS, 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 SUBJECT TO CIVIL FINES.

SIGNATURE OF APPLICANT:

VII. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION**ENVIRONMENTAL CONTROL APPROVALS**

	REQUIRED?	APPROVED	DATE	NUMBER	BY
A - ZONING	<input type="checkbox"/> YES <input type="checkbox"/> NO				
B - FIRE DISTRICT	<input type="checkbox"/> YES <input type="checkbox"/> NO				
C - POLLUTION CONTROL	<input type="checkbox"/> YES <input type="checkbox"/> NO				
D - NOISE CONTROL	<input type="checkbox"/> YES <input type="checkbox"/> NO				
E - SOIL EROSION	<input type="checkbox"/> YES <input type="checkbox"/> NO				
F - FLOOD ZONE	<input type="checkbox"/> YES <input type="checkbox"/> NO				
G - WATER SUPPLY	<input type="checkbox"/> YES <input type="checkbox"/> NO				
H - SEPTIC SYSTEM	<input type="checkbox"/> YES <input type="checkbox"/> NO				
I - VARIANCE GRANTED	<input type="checkbox"/> YES <input type="checkbox"/> NO				
J - CULVERT	<input type="checkbox"/> YES <input type="checkbox"/> NO				
K - HOUSE NUMBERS	<input type="checkbox"/> YES <input type="checkbox"/> NO				
L - OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO				

VIII. VALIDATION - FOR DEPARTMENT USE ONLY

NOTES AND DATA:

BUILDING PERMIT NUMBER:

APPROVAL SIGNATURE:

ISSUE DATE:

TITLE:

PERMIT FEE:

PLAN REVIEW FEE:

BOND:

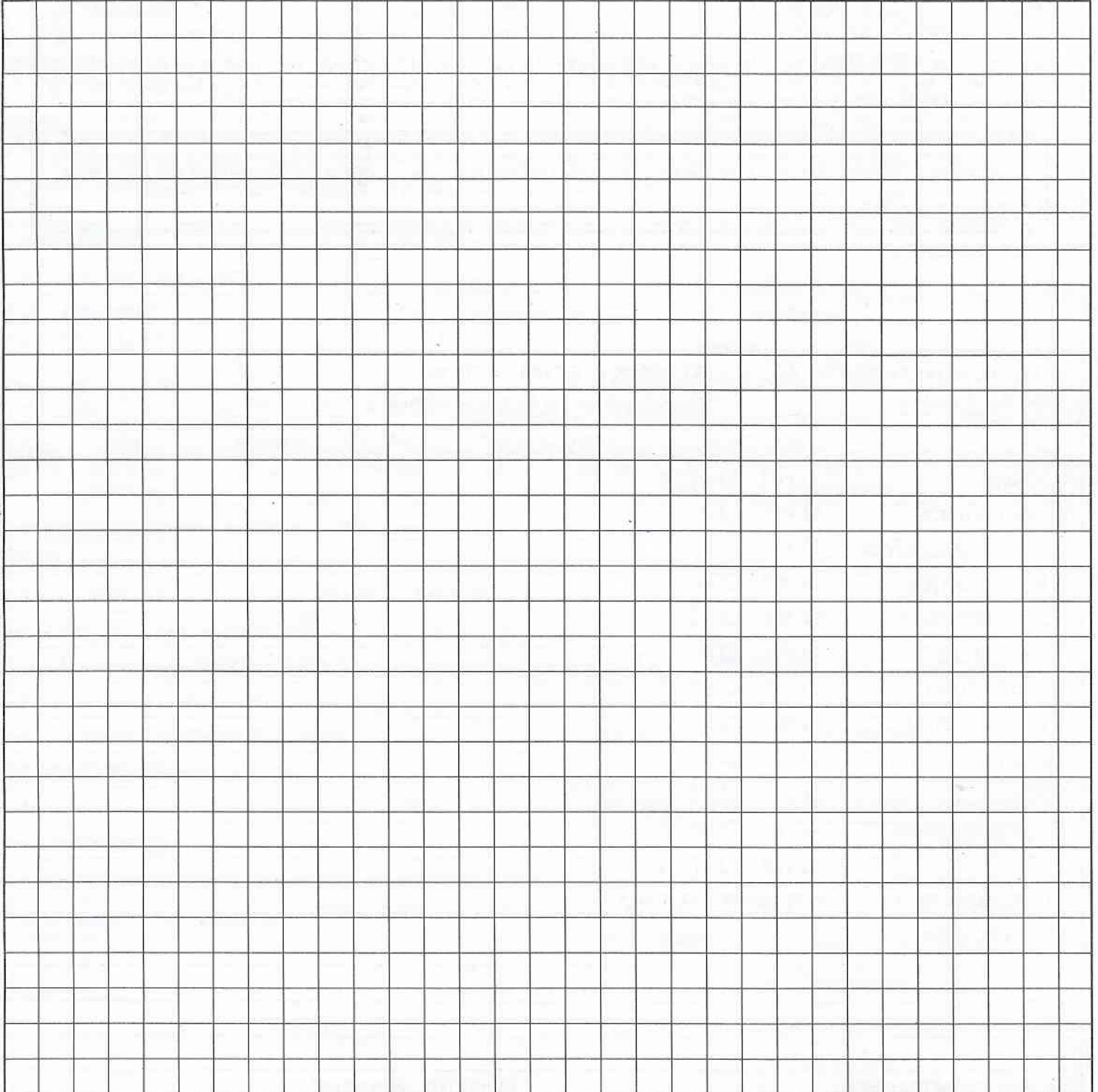
DATE:

MINIMUM BUILDING SETBACK MUST BE

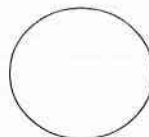
1. 100' OFF ROAD RIGHT -OF- WAY
2. 25' OFF SIDE EASEMENT
3. 50' OFF REAR EASEMENT

MUST SHOW ALL BUILDING ON SITE OR PLOT PLAN, MUST SHOW ALL 4 SIDES DISTANCE TO PROPERTY LINES & CORNER, LOTS REQUIRE BOTH ROAD SETBACK. MUST HAVE PRIVATE SEWAGE DISPOSAL SYSTEM, WELL, EDISON POLES CLEARLY MARKED.

IX. SITE OR PLOT PLAN - FOR APPLICANT USE



INDICATE DIRECTION OF NORTH WITHIN THE CIRCLE:



ZONING APPROVAL SIGNATURE:

DATE: