

BUILDING PERMIT APPLICATION

Please make your check payable to
and send it to the appropriate jurisdiction

Area Metropolitan Services Agency

Please mark box for appropriate jurisdiction

<u>Bedford Township</u> 115 S. Uldricks Drive Battle Creek, MI 49017 Ph: 269.965.9096 Fax: 269.965.0908	<u>Convis Township</u> 19500 15 Mile Road Marshall, MI 49068 Ph: 269.789.0654 Fax: 269.789.0657	<u>Emmett Township</u> 621 Cliff Street Battle Creek, MI 49014 Ph: 269.968.0335 Fax: 269.968.0108	<u>Leroy Township</u> 8156 4 Mile Road East Leroy, MI 49051 Ph: 269.979.9421 Fax: 269.979.2775	<u>Newton Township</u> 7988 G Drive South Ceresco, MI 49033 Ph: 269.979.3212 Fax: 269.979.4470	<u>Pennfield Township</u> 20260 Capital Ave NE Battle Creek, MI 49017 Ph: 269.968.4422 Fax: 269.968.2021	<u>City of Battle Creek</u> 10 N. Division St, Ste 117 Battle Creek, MI 49014 Ph: 269.966.3382 Fax: 269.966.3654	<u>City of Springfield</u> 601 Avenue A Springfield, MI 49015 Ph: 269.441.9273 Fax: 269.965.0114
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Administrative Section:

Cash

Check # _____ Receipt # _____ Inspector Approval _____ Issued Permit # _____

APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, V, VI, AND IX.

SEPARATE APPLICATIONS MUST BE COMPLETED FOR: PLUMBING, MECHANICAL, AND ELECTRICAL WORK.

I. PROJECT INFORMATION

PROJECT NAME	ADDRESS
CITY/VILLAGE/TOWNSHIP	ZIP CODE
BETWEEN CROSS STREETS	AND
JOB SITE PHONE NUMBER	

II. IDENTIFICATION

A. PROPERTY OWNER OR LESSEE

NAME	ADDRESS	CITY/STATE	ZIP
PHONE NUMBER	CELL NUMBER	FAX NUMBER	E-MAIL ADDRESS

B. ARCHITECT OR ENGINEER

NAME	ADDRESS	CITY/STATE	ZIP
PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS	
CELL NUMBER	LICENSE NUMBER	EXPIRATION DATE	

C. CONTRACTOR

NAME	ADDRESS	CITY/STATE	ZIP
PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS	
CELL NUMBER	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 **TOTAL COST OF IMPROVEMENT (Materials & Labor):** \$ _____

NEW BUILDING ADDITION
 ALTERATION REPAIR
 DEMOLITION RELOCATION
 FOUNDATION ONLY
 MOBILE HOME SET-UP
PREMANUFACTURE
 SPECIAL INSPECTION

B. REVIEW(S) TO BE PERFORMED

BUILDING
 ELECTRICAL
 MECHANICAL
 PLUMBING
 FOUNDATION

Authority: P.A. 230 of 1972, as amended. **Completion:** Mandatory to obtain permit **Penalty:** Permit will not be issued. The Department will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap, or political beliefs.

IV. PROPOSED USE OF BUILDING

A. RESIDENTIAL

SINGLE FAMILY
 HOTEL, MOTEL # OF UNITS _____
 DETACHED GARAGE
 MULTI-FAMILY # OF UNITS: _____
 ATTACHED GARAGE
 OTHER

B. NON-RESIDENTIAL

AMUSEMENT
 SERVICE STATION
 SCHOOL, LIBRARY, EDUCATIONAL
 CHURCH, RELIGION
 HOSPITAL, INSTITUTIONAL
 STORE, MERCANTILE
 INDUSTRIAL
 OFFICE, BANK, PROFESSIONAL
 TANKS, TOWERS
 PARKING GARAGE
 PUBLIC UTILITY
 OTHER

PROJECT DESCRIPTION - REQUIRED

Describe in detail proposed use of building; For example, residential new construction, remodel, expansion, 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 then enter proposed use.

V. SELECTED CHARACTERISTICS OF BUILDING

A. PRINCIPAL TYPE OF FRAME

MASONRY, WALL BEARING
 WOOD FRAME
 STRUCTURAL STEEL
 REINFORCED CONCRETE
 OTHER

B. PRINCIPAL TYPE OF HEATING FUEL

GAS
 OIL
 ELECTRICITY
 COAL
 OTHER

C. TYPE OF SEWAGE DISPOSAL

PUBLIC SYSTEM
 SEPTIC SYSTEM
 COMMUNITY SYSTEM

D. TYPE OF WATER SUPPLY

PUBLIC OR SYSTEM
 PRIVATE WELL OR CISTERN
 COMMUNITY SYSTEM

E. TYPE OF MECHANICAL

WILL THERE BE AIR CONDITIONING? YES NO
 WILL THERE BE FIRE SUPPRESSION? YES NO

F. DIMENSIONS / DATA

	FLOOR AREA:	EXISTING	ALTERATIONS	NEW
NUMBER OF STORIES _____	BASEMENT			
USE GROUP _____	1ST & 2ND FLOOR			
CONSTRUCTION TYPE _____	3RD-10TH FLOOR			
NUMBER OF OCCUPANTS _____	11TH FLOOR & ABOVE			
	TOTAL AREA			

THE PERMIT HOLDER IS REQUIRED TO CALL FOR ALL INSPECTIONS PRIOR TO COVERING CONSTRUCTION WORK. FOUNDATION INSPECTIONS ARE REQUIRED PRIOR TO THE PLACING OF CONCRETE. ROUGH INSPECTION IS REQUIRED BEFORE INSULATION AND INTERIOR CLADDING IS INSTALLED. MASONRY INSPECTION IS REQUIRED BEFORE MASONRY VENEER, BUT AFTER BASE COURSE OF FLASHING AND SHEATHING. FLOOD PLAIN EVALUATION INSPECTION IS REQUIRED IN FLOOD PRONE AREAS UPON PLACEMENT OF LOWEST FLOOR, INCLUDING BASEMENT, PRIOR TO FURTHER VERTICAL CONSTRUCTION. A NEW BUILDING, ADDITION, OR ALTERATION SHALL NOT BE OCCUPIED UNTIL THE BUILDING OFFICIAL HAS ISSUED A CERTIFICATE OF OCCUPANCY. THE PERMIT HOLDER MUST CALL AND REQUEST THE CERTIFICATE AT THE COMPLETION OF THE PROJECT.

EXPIRATION OF PERMIT: A PERMIT REMAINS VALID AS LONG AS WORK IS PROGRESSING AND INSPECTIONS ARE REQUESTED AND CONDUCTED. A PERMIT SHALL BECOME INVALID IF THE AUTHORIZED WORK IS NOT COMMENCED WITHIN 180 DAYS AFTER ISSUANCE OF THE PERMIT OR IF THE AUTHORIZED WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME OF COMMENCING THE WORK. **A PERMIT WILL BE CLOSED WHEN NO INSPECTIONS ARE REQUESTED OR CONDUCTED WITHIN 180 DAYS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CLOSED PERMITS CANNOT BE REFUNDED. THE CHARGE TO RE-OPEN A CLOSED PERMIT IS \$75.**

VI. APPLICANT INFORMATION (Contractor or Homeowner)

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

NAME	PHONE NUMBER	CELL NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER, DRIVER'S LICENSE # or STATE ID #		DOB	

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.

CONTRACTOR CERTIFICATION: 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. I 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. I HEREBY CONSENT TO ENTRY AND INSPECTION OF THE PREMISES BY THE BUILDING DEPARTMENT'S INSPECTOR(S) UNTIL A CERTIFICATE OF OCCUPANCY IS ISSUED FOR THE PROJECT.

CONTRACTOR SIGNATURE: _____ PRINT NAME: _____

HOME OWNER AFFIDAVIT: I HEREBY CERTIFY THAT THE CONSTRUCTION WORK DESCRIBED ON THIS APPLICATION WILL BE CONDUCTED BY THE UNDERSIGNED IN MY SINGLE-FAMILY DWELLING IN WHICH I LIVE OR AM ABOUT TO OCCUPY. I UNDERSTAND PUBLIC ACT 230 OF 1972, AS AMENDED, THE MICHIGAN RESIDENTIAL CODE, AND I ASSUME ALL RESPONSIBILITY FOR OBTAINING ALL NECESSARY INSPECTIONS.

HOMEOWNER SIGNATURE: _____ PRINT NAME: _____

VII. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION

ENVIRONMENTAL CONTROL APPROVALS					
	Approval Required?	APPROVED	DATE	COMMENTS	SIGNATURE
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 - OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO				
K - DRIVEWAY PERMIT	<input type="checkbox"/> YES <input type="checkbox"/> NO				

VIII. VALIDATION - FOR DEPARTMENT USE ONLY

USE GROUP _____ MIXED USE _____ INCIDENTAL USE _____ TYPE OF CONSTRUCTION _____ SQUARE FEET _____ # OF REQUIRED INSPECTIONS _____ # OF INCLUDED INSPECTIONS _____	ADMINISTRATIVE FEE _____ ZONING BASED FEE _____ ZONING INSPECTION FEE _____ INSPECTION FEE _____ BUILDING PLAN REVIEW (PR) FEE _____ PLUMBING / ELECTRICAL / MECHANICAL (PR) FEE _____ WORK WITHOUT PERMIT FEE (\$150) _____ TOTAL _____
ZONING ADMINISTRATOR'S APPROVAL SIGNATURE _____ DATE _____	BUILDING OFFICIAL'S APPROVAL SIGNATURE _____ DATE _____

IX. SITE OR PLOT PLAN - FOR APPLICANT USE. Please include locations of streets, driveways, and existing structures. Include the location and number of parking spaces, easements, right-of-way lines, setback distances, location of any on-site water or sewer facilities, retaining walls, water bodies within 500 feet of the property, 100 year flood plains, wetlands, and a north arrow. Include distance between structures and property lines.

A large grid area for drawing a site or plot plan. The grid consists of 30 columns and 40 rows of small squares, providing a scale for the drawing.