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

☐Bedford Township	☐Convis Township	☐Emmett Township	☐Leroy Township	☐Newton Township	☐Pennfield Township	☐City of Battle Creek	☐City of Springfield
115 S. Uldricks Drive	19500 15 Mile Road	621 Cliff Street	8156 4 Mile Road	7988 G Drive South	20260 Capital Ave NE	10 N. Division St, Ste 117	601 Avenue A
Battle Creek, MI 49037	Marshall, MI 49068	Battle Creek, MI 49014	East Leroy, MI 49051	Ceresco, MI 49033	Battle Creek, MI 49017	Battle Creek, MI 49014	Springfield, MI 49015
Ph:269.965.9096	Ph: 269.789.0654	Ph: 269.968.0335	Ph: 269.979.9421	Ph: 269.979.3212	Ph: 269.968.4422	Ph: 269.966.3382	Ph: 269.441.9273
Fax: 269.965.0908	Fax" 269.789.0657	Fax: 269.968.0108	Fax: 269.979.2775	Fax: 269.979.4470	Fax: 269.968.2021	Fax: 269.966.3555	Fax: 269.965.0114

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 PREMANUFACTURE ☐ MOBILE HOME SET-UP 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

NUMBER OF STORIES _____

USE GROUP _____

CONSTRUCTION TYPE _____

NUMBER OF OCCUPANTS _____

FLOOR AREA:	EXISTING	ALTERATIONS	NEW
BASEMENT			
1ST & 2ND FLOOR			
3RD-10TH FLOOR			
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	☐ 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 – OTHER	☐ YES ☐ NO				
K – DRIVEWAY PERMIT	☐ YES ☐ NO				

VIII. VALIDATION - FOR DEPARTMENT USE ONLY

USE GROUP	_____	ADMINISTRATIVE FEE	_____
MIXED USE	_____	ZONING BASED FEE	_____
INCIDENTAL USE	_____	ZONING INSPECTION FEE	_____
TYPE OF CONSTRUCTION	_____	INSPECTION FEE	_____
SQUARE FEET	_____	BUILDING PLAN REVIEW (PR) FEE	_____
# OF REQUIRED INSPECTIONS	_____	PLUMBING / ELECTRICAL / MECHANICAL (PR) FEE	_____
# OF INCLUDED INSPECTIONS	_____	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.