



APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

IMPORTANT - Applicant to complete all items in sections 1, 2, 3, 4, 5

APPLICATION DATE ____/____/____	IS OWNER APPLICANT? <input type="checkbox"/> YES <input type="checkbox"/> NO	APPLICATION NUMBER	PERMIT NUMBER
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1. PROPERTY INFORMATION

STREET ADDRESS	APT.	ZIP	PARCEL I.D. NUMBER	ZONING
SUBDIVISION	LOT NUMBER		BLOCK#	PARCEL TYPE <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OTHER

2. OWNER INFORMATION

LAST NAME OR BUSINESS NAME:	FIRST NAME	PHONE NUMBER
STREET ADDRESS	CITY	STATE ZIP

3. BUILDING AND PROPERTY CHARACTERISTICS

A. STRUCTURES	B. BUILDING UNITS	C. BOARD OF APPEALS CASE #	D. ZBA HEARING DATE	
E. RESIDENTIAL <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> MULTIPLE FAMILY <input type="checkbox"/> CONDOMINIUMS <input type="checkbox"/> HOTEL/MOTEL <input type="checkbox"/> STORAGE/ACCESSORY <input type="checkbox"/> GARAGES <input type="checkbox"/> MISC./ OTHER/ SPECIFY _____ _____ _____		F. NONRESIDENTIAL <input type="checkbox"/> PUBLIC BUILDINGS <input type="checkbox"/> ASSEMBLY <input type="checkbox"/> SCHOOLS <input type="checkbox"/> CHURCH <input type="checkbox"/> SIGNS (SQ. FT. _____) <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> BUSINESS <input type="checkbox"/> THEATERS WITH STAGE <input type="checkbox"/> THEATERS WITHOUT STAGE <input type="checkbox"/> NIGHT CLUBS <input type="checkbox"/> RESTAURANT <input type="checkbox"/> INDUSTRIAL/FACTORY/MODERATE <input type="checkbox"/> INDUSTRIAL/FACTORY/LOW <input type="checkbox"/> INDUSTRIAL/FACTORY/HIGH <input type="checkbox"/> MERCANTILE <input type="checkbox"/> INSTITUTIONAL/SUPERVISED <input type="checkbox"/> INSTITUTIONAL/INCAPACITATED <input type="checkbox"/> INSTITUTIONAL/RESTRAINED <input type="checkbox"/> MISCELLANEOUS/OTHER/SPECIFY <input type="checkbox"/> _____		G. TYPE OF IMPROVEMENT <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ALTERATION <input type="checkbox"/> ADDITION <input type="checkbox"/> MOVE STRUCTURES <input type="checkbox"/> DEMOLITION <input type="checkbox"/> REPAIR <input type="checkbox"/> SWIMMING POOL <input type="checkbox"/> GARAGE <input type="checkbox"/> ACCESSORY STRUCTURE I. COST OF IMPROVEMENT \$ _____ <div style="text-align: right;">(OMIT CENTS)</div>
H. DESCRIBE IN DETAIL WORK TO BE DONE _____ _____ _____				

4. SELECTED CHARACTERISTICS OF BUILDING

PROPERTY FRONTAGE (Feet)	EXISTING RESIDENTIAL UNITS (Number)	SIZE OF ADD OR STRUCTURE
REAR FRONTAGE (Feet)	STORIES (Number)	BUILDING AREA (Sq. Ft.)
FRONT SETBACK FROM PROPERTY LINE	BED ROOMS (Number)	LIVING AREA (Sq. Ft.)
REAR SETBACK FROM PROPERTY LINE	FULL BATHS (Number)	BASEMENT AREA (Sq. Ft.)
LEFT SETBACK FROM PROPERTY LINE	PARTIAL BATHS (Number)	GARAGE AREA (Sq. Ft.)
RIGHT SETBACK FROM PROPERTY LINE	GARAGES (Number)	OFFICE/SALES (Sq. Ft.)
HEIGHT ABOVE GRADE (Feet)	FIREPLACES (Number)	SERVICE (Sq. Ft.)
NEW RESIDENTIAL UNITS (Number)	LOT AREA (Sq. Ft.)	MANUFACTURING (Sq. Ft.)

5. IDENTIFICATION (TO BE COMPLETED BY APPLICANT)

OWNER OR LESSEE NAME:		
ADDRESS		
CITY:	STATE:	ZIP:
PHONE NUMBER:		
EMAIL ADDRESS:		
CONTRACTOR'S NAME:		
CONTRACTOR'S LICENSE NUMBER:		
ADDRESS		
CITY:	STATE:	ZIP:
PHONE NUMBER:		
EMAIL ADDRESS:		
ARCHITECT/ENGINEER NAME:		
ADDRESS		
CITY:	STATE:	ZIP:
PHONE NUMBER:		
EMAIL ADDRESS:		

“SECTION 23A OF THE STATE CONSTRUCTION CODES ACT OF 1972, ACT NO. 230 OF 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 PERFORM WORK ON RESIDENTIAL BUILDINGS OR A RESIDENTIAL STRUCTURE. VIOLATORS OF SECTION 23A ARE SUBJECTED TO CIVIL FINES.”

Federal Employer ID Number	
Workers Comp. Insurance Carrier	
MESC Number	

CONSTRUCTION BOND RETURN AND FORFEITURE POLICY

RETURN: Upon satisfactory completion of all final inspections required, and the issuance of a Certificate of Occupancy, if applicable, the construction bond will be returned upon request, without interest.

FORFEITURE: By the execution hereof, the applicant agrees that in the event the depositor of the fee(s) does not properly complete the inspection requirements within 90 days following the expiration date of the permit(s), the deposit fee(s) deposited hereunder shall be automatically forfeited to the Township. The Building Department shall provide notice by First Class Mail of the forfeiture policy as adopted by the Township Board.

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 this jurisdiction. Prior to signing this application, please read the above Construction Bond Return and Forfeiture Policy. The signing of this application indicates that you are aware of the Forfeiture Policy adopted by the Township Board. The applicant signing this application is aware that he assumes full responsibility for insuring that all work done complies with all applicable codes and ordinances.

Signature of Applicant	
Print Applicant's Name	Date
Address:	
City:	State: Zip:

