

APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

Township Code Authority
Midland Co. Services Bldg.
220 W. Ellsworth St.
Midland, MI 48640
Phone: (989) 837-6521

PROPERTY TAX CODE/ ID NUMBER : _____

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|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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. |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, V AND VI
NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED
FOR PLUMBING, MECHANICAL, AND ELECTRICAL WORK PERMITS

| | | | | |
|-------------------------------|---------|----------|---------|----------|
| I. PROJECT INFORMATION | | | | |
| PROJECT DESCRIPTION | | | ADDRESS | |
| CITY | VILLAGE | TOWNSHIP | COUNTY | ZIP CODE |
| BETWEEN | | AND | | |

| | | | |
|--------------------------------------------------------|-------|----------|------------------|
| II. IDENTIFICATION | | | |
| A. OWNER OR LESSEE NAME | | ADDRESS | |
| CITY | STATE | ZIP CODE | TELEPHONE NUMBER |
| B. ARCHITECT OR ENGINEER NAME | | ADDRESS | |
| CITY | STATE | ZIP CODE | TELEPHONE NUMBER |
| LICENSE NUMBER | | | EXPIRATION DATE |
| C. CONTRACTOR NAME | | ADDRESS | |
| CITY | STATE | ZIP CODE | TELEPHONE 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 | |
| 1. <input type="checkbox"/> NEW BUILDING | 3. <input type="checkbox"/> ALTERATION |
| 2. <input type="checkbox"/> ADDITION | 4. <input type="checkbox"/> REPAIR |
| 5. <input type="checkbox"/> DEMOLITION | 6. <input type="checkbox"/> MOBILE HOME SETUP |
| 7. <input type="checkbox"/> FOUNDATION ONLY | 8. <input type="checkbox"/> PREMANUFACTURE |
| 9. <input type="checkbox"/> RELOCATION | 10. <input type="checkbox"/> SPECIAL INSPECTION |
| 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 | |

BUILDING PERMIT APPLICATION

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 NUMBER | |
| 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/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 KNOWLEDGE.

Effective December 21, 2007, penalties were increased for a person practicing as a Residential Builder or M & A Contractor without a license. The increased penalties are: First offense: Misdemeanor. Fine of \$5,000 to \$25,000 or prison for not more than 1 year or both.
Second offense and Subsequent Offense: Misdemeanor. Fine of \$5,000 to \$25,000 or prison for not more than 2 years, or both.

| | |
|-------------------------------------|---------------------------------------|
| SIGNATURE OF APPLICANT _____ | Date: _____ |
| PLAN REVIEW FEE ENCLOSED \$ _____ | BUILDING PERMIT FEE ENCLOSED \$ _____ |

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. OTHER | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |

VII. VALIDATION – FOR DEPARTMENT USE ONLY

| | |
|----------------------------|-----------------------------|
| USE GROUP _____ | BASE FEE _____ |
| TYPE OF CONSTRUCTION _____ | NUMBER OF INSPECTIONS _____ |
| SQUARE FEET _____ | |
| APPROVAL SIGNATURE _____ | |
| TITLE _____ | DATE _____ |

IX. *SITE OR PLOT PLAN – FOR APPLICANT USE

A large grid of graph paper, consisting of 20 columns and 30 rows of small squares, intended for drawing a site or plot plan.

*Site plan should consist of any structures already existing on the site and the proposed project, dimensions of all structures, distance from all property lines, location of any drains, ponds, or other bodies of water, and location of well and septic. Please be as detailed as possible.