

APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

CHECK FOR ANY DEED RESTRICTIONS
APPLICABLE TO THIS PROPERTY
AND/OR THIS CONSTRUCTION.

TOWNSHIP OF SPRING ARBOR

107 Teft Road, P.O. Box 250
Spring Arbor, MI 49283
(517) 750-2800

PERMIT # _____

<p>AUTHORITY: P.A. 230 of 1972, as amended</p> <p>COMPLETION: MANDATORY TO OBTAIN PERMIT</p> <p>PENALTY: Application must be completed, signed and proper fee enclosed or permit will not be issued.</p>	<p>SPRING ARBOR TOWNSHIP WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS</p>
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APPLICANT TO COMPLETE ALL ITEMS IN SECTIONS I, II, III, IV, V and VI
NOTE: Separate applications must be made to the appropriate division for Plumbing, Mechanical and Electrical work permits

I. LOCATION OF BUILDING				
ADDRESS				
CITY/VILLAGE	TOWNSHIP	COUNTY	ZIP CODE	
BETWEEN _____ AND _____				
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 NO.			EXPIRATION DATE	
C. CONTRACTOR				
NAME			TELEPHONE NO	
ADDRESS	CITY	STATE	ZIP CODE	
BUILDERS LICENSE NO.			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 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				
B. REVIEW(S) TO BE PERFORMED				
<input type="checkbox"/> Building <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Energy				

Estimated project cost = _____

IV. PROPOSED USE OF BUILDING

A. RESIDENTIAL - For "wrecking", show most recent use

- | | | |
|----------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------|
| 14. <input type="checkbox"/> One Family | 15. <input type="checkbox"/> Two or More Family
(no. of units _____) | 16. <input type="checkbox"/> Hotel, Motel
(no. of units _____) |
| 17. <input type="checkbox"/> Attached Garage | 18. <input type="checkbox"/> Detached Garage | 19. <input type="checkbox"/> Other |

B. NON-RESIDENTIAL - For "wrecking", show most recent use

- | | | |
|---------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------|
| 20. <input type="checkbox"/> Amusement | 21. <input type="checkbox"/> Church, Religious | 22. <input type="checkbox"/> Industrial |
| 23. <input type="checkbox"/> Parking Garage | 24. <input type="checkbox"/> Service Station | 25. <input type="checkbox"/> Hospital, Institutional |
| 26. <input type="checkbox"/> Office, Bank, Professional | 27. <input type="checkbox"/> Public Utility | 28. <input type="checkbox"/> School, Library, Educational |
| 29. <input type="checkbox"/> Store, Mercantile | 30. <input type="checkbox"/> Tanks, Towers | 31. <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. PRINCIPAL TYPE OF FRAME

- | | | |
|---------------------------------------------------|----------------------------------------|----------------------------------------------|
| 1. <input type="checkbox"/> Masonry, Wall Bearing | 2. <input type="checkbox"/> Wood Frame | 3. <input type="checkbox"/> Structured Steel |
| 4. <input type="checkbox"/> Reinforced Concrete | 5. <input type="checkbox"/> Other | |

B. PRINCIPAL TYPE OF HEATING FUEL

6. Gas 7. Oil 8. Electricity 9. Coal 10. Other _____

C. TYPE OF SEWAGE DISPOSAL

11. Public or Private Company 12. Septic System

D. TYPE OF WATER SUPPLY

13. Public or Private Company 14. Private Well or Cistern

E. TYPE OF MECHANICAL

15. Will there be air conditioning yes no 16. Will there be an elevator yes no

F. DIMENSIONS

17. Number of stories _____ 18. Floor Area: 1st & 2nd Floor _____
- 3rd -10th Floor _____ 11th - Above Floor _____
- Total Area _____ 19. Total Land Area (square feet) _____

G. NUMBER OF OFF STREET PARKING SPACES

20. Enclosed _____ 21. Outdoors _____

VI. APPLICANT INFORMATION

WARNING NOTICE

NO OCCUPANCY PERMITS WILL BE ISSUED OR PERSONS ALLOWED TO MOVE ON THE PREMISES UNTIL FINAL APPROVAL HAS BEEN RECEIVED FOR ALL BUILDING, MECHANICAL, PLUMBING, AND/OR ELECTRICAL WORK PERFORMED ON THE PREMISES, IN ADDITION TO ZONING AND DEPT. OF PUBLIC WORKS APPROVAL.

Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information.

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.

FEE ENCLOSED \$

OR STATE ACCOUNT NO.

SIGNATURE OF APPLICANT

APPLICATION DATE

VII. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION

ENVIRONMENTAL CONTROL

APPROVALS

	REQUIRED	APPROVED	DATE	NUMBER	BY
A - Zoning/District					
1. Site Plan Approval	() Yes () No				
2. Variance Granted/Z.B.A. Approval	() Yes () No				
B - Fire	() Yes () No				
C - Pollution Control	() Yes () No				
D - Flood Zone	() Yes () No				
E - Soil Erosion/County Drain	() Yes () No				
F - Twp. Water/Sewer	() Yes () No				
G - Water/County Health Dept.	() Yes () No				
H - Septic/County Health Dept.	() Yes () No				
I - County Road Comm.	() Yes () No				
J - Assessing Dept.	() Yes () No				

COMPUTER PROPERTY TAX # _____

ALL PERSONAL AND PROPERTY TAXES ARE CURRENT:

YES _____ NO _____

VII. VALIDATION

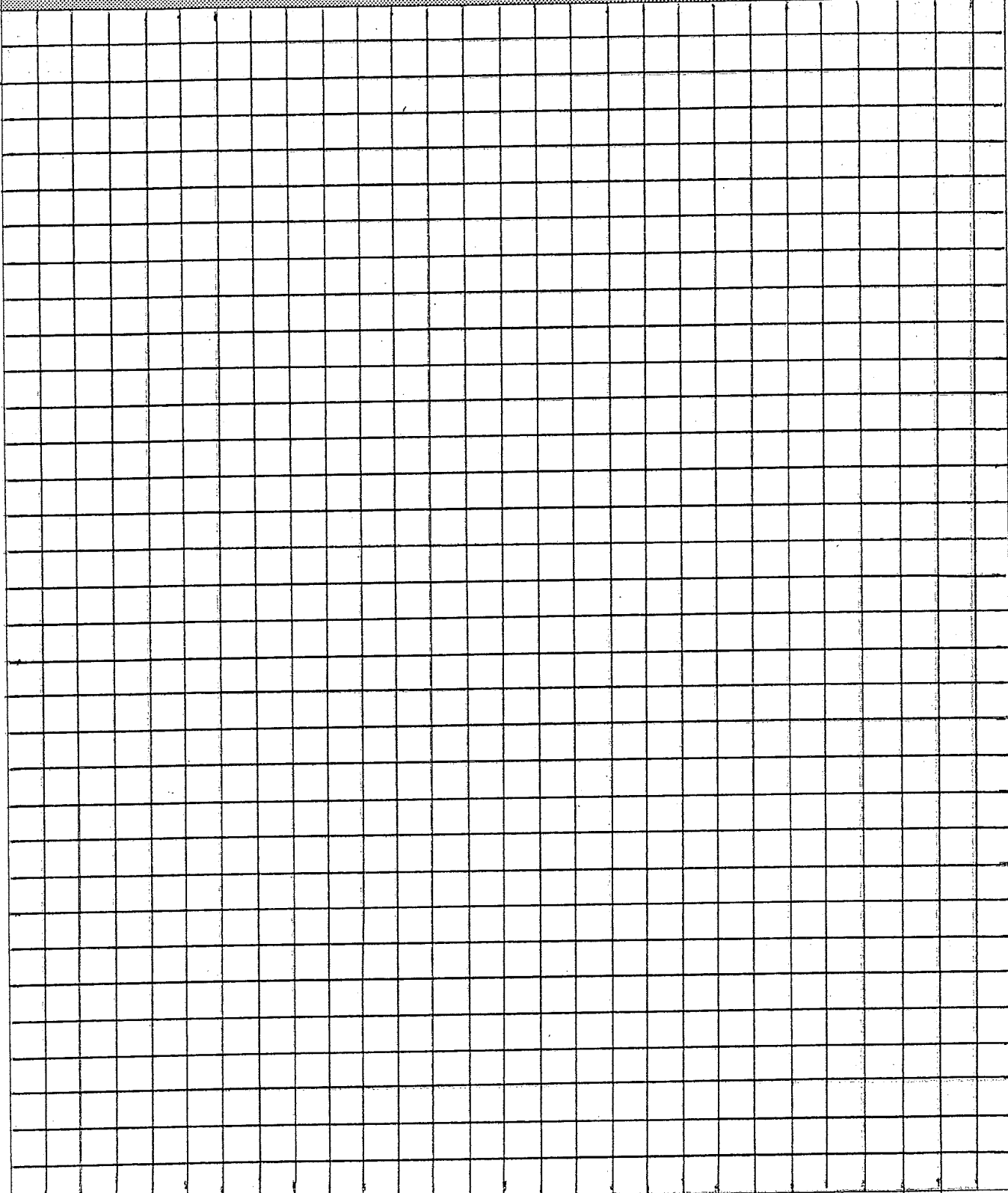
The signature of the applicant on this application constitutes a certification by the applicant that the site plan, as submitted, is complete and accurate in all respects. The township further shall have the right to rely on the accuracy of the same in connection with the issuance of permits and the conducting of required inspections.

APPROVED BY

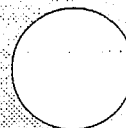
(SIGNATURE)

(TITLE)

X. SITE OR PLOT PLAN - For Applicant Use



Indicate direction of North within the circle:



NO BUILDING PERMITS WILL BE ISSUED UNLESS ALL SET-BACK DIMENSIONS ARE SHOWN ON THE DRAWING.