

| DEPARTMENT USE ONLY | |
|------------------------------|----------------|
| Date Applied | Clerk Initials |
| Project No. | |
| School District | |
| Date Called/PERSON CONTACTED | Clerk Initials |
| Date Issued | Clerk Initials |

Application for Building Permit
 Charter Township of Clinton
 40700 Romeo Plank Rd.
 Clinton Township, MI 48038
 Direct Line: (586)286-9323
 Email: buildingpermits@clintontownship.com
 Fax: (586)286-9484
 Office Hours: 8:30a.m.-4:30p.m.
 Monday through Friday

| | |
|-------------|----------------------------|
| Authority: | 1972 PA 230 |
| Completion: | Mandatory to obtain permit |
| Penalty: | Permit will not be issued |

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|---------------------|----------|
| Permit No. | |
| Permit Fee \$ | |
| Plan Rev. Fee \$ | |
| Drainage Fee \$ | |
| Bond Amt. \$ | Bond No. |
| Receipt No. | |

Applicant to complete all applicable sections.

NOTE: Separate Permit Applications must be completed for Plumbing, Mechanical, and Electrical Work

| I. PROJECT INFORMATION- PLEASE TYPE OR PRINT | | | | |
|---|-------------|----------------------|------------------|-----------------|
| TYPE OF PROJECT <input type="radio"/> RESIDENTIAL <input type="radio"/> COMMERCIAL <input type="radio"/> INDUSTRIAL | | | PROJECT ADDRESS | |
| LOT/BLDG NO. | Parcel I.D. | | | |
| MAIN CROSSROADS | | | SUBDIVISION | |
| AND | | | | |
| II. IDENTIFICATION | | | | |
| A. OWNER -OR- LESSEE ON NON RESIDENTIAL PROPERTIES | | | | |
| NAME | | ADDRESS | | |
| CITY | STATE | ZIP CODE | TELEPHONE NO. | EMAIL |
| B. ARCHITECT OR ENGINEER | | | | |
| NAME | | ADDRESS | | |
| CITY | STATE | ZIP CODE | TELEPHONE NO. | EMAIL |
| <input type="radio"/> ARCHITECT OR <input type="radio"/> ENGINEER | | MICHIGAN LICENSE NO. | | EXPIRATION DATE |
| C. CONTRACTOR | | | | |
| NAME | | ADDRESS | | |
| CITY | MI | ZIP CODE | TELEPHONE NO. | EMAIL |
| BUILDER'S LICENSE NO. | | | EXPIRATION DATE | |
| III. PROJECT COST AND SQUARE FOOTAGE | | | | |
| A. CONSTRUCTION COSTS | | BY APPLICANT \$ | BY DEPARTMENT \$ | |
| B. SQUARE FOOTAGE | | BY APPLICANT \$ | BY DEPARTMENT \$ | |
| C. LENGTH | | | WIDTH | |
| IV. PLAN REVIEW REQUIREMENTS | | | | |
| Plans must be submitted with \$100 application fee. Fee may not be required for minor work as determined by the Building Official. | | | | |
| Plans may not be required for work determined by the Building Official to be minor in nature | | | | |
| Residential homes with habitable area over 3500 sq.ft. or greater, and commercial/ industrial plans and specifications shall be prepared by or under direct supervision of an architect or engineer licensed pursuant to 1980 PA 299 and shall bear that design professional's seal and signature on each page. | | | | |
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V. PROPOSED USE OF BUILDING

COMERCIAL/ INDUSTRIAL: DESCRIBE PROPOSED USE OF BUILDING: (THIS APPLICATION MUST ALSO BE ACCOMPANIED BY ZONING VERIFICATION FORM STATING NEW PROPOSED USE AND MUST LIST ANY ITEMS STORED ON PREMISES AS IT RELATES TO STORAGE USES)

VI. SELECTED CHARACTERISTICS OF BUILDING

| | |
|---|---|
| A. PRINCIPLE TYPE OF FRAME <input type="radio"/> MASONRY, WALL BEARING <input type="radio"/> WOOD FRAME <input type="radio"/> STRUCTURAL STEEL <input type="radio"/> REINFORCED CONCRETE <input type="radio"/> OTHER _____ | B. PRINCIPLE TYPE OF HEATING FUEL <input type="radio"/> GAS <input type="radio"/> OIL <input type="radio"/> ELECTRIC <input type="radio"/> COAL <input type="radio"/> OTHER _____ |
| C. TYPE OF SEWAGE DISPOSAL <input type="radio"/> PUBLIC <input type="radio"/> SEPTIC SYSTEM | D. TYPE OF WATER SUPPLY <input type="radio"/> PUBLIC <input type="radio"/> WELL OR CISTERN |
| E. AIR CONDITIONING WILL THERE BE AIR CONDITIONING? <input type="radio"/> YES <input type="radio"/> NO | F. FIRE SUPPRESSION IS THERE OR WILL THERE BE FIRE SUPPRESSION? <input type="radio"/> YES <input type="radio"/> NO |

| G. DIMENSION DATA - ARCHITECT OR ENGINEER TO COMPLETE | | | |
|---|-------------------------------|----------|--------------|
| USE GROUP _____ | FLOOR AREA: | EXISTING | ALTERED AREA |
| CONST TYPE _____ | BASEMENT | _____ | _____ |
| OCCUPANT LOAD _____ | 1 ST FLOOR | _____ | _____ |
| NO. OF STORIES _____ | 2 ND FLOOR | _____ | _____ |
| OUTDOOR PARKING SPACES _____ | 3 RD FLOOR – ABOVE | _____ | _____ |
| ENCLOSED PARKING SPACES _____ | TOTAL AREA | _____ | _____ |

VII. APPLICANT INFORMATION

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND MUST PROVIDE THE FOLLOWING INFORMATION ALONG WITH CURRENT LICENSES

| | | | |
|-----------------|---------------------|----------------|--|
| NAME _____ | ADDRESS _____ | | |
| CITY _____ | STATE _____ | ZIP CODE _____ | |
| PHONE NO. _____ | EMAIL ADDRESS _____ | | |

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 AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE STATE OF MICHIGAN AND TOWNSHIP ORDINANCES. ALL INFORMATION ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

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 the state relating to persons who are to perform work on a residential building or residential structure. Violators of section 23a are subject to civil fines.

| | | |
|------------------------------|------------------|------------|
| SIGNATURE OF APPLICANT _____ | PRINT NAME _____ | DATE _____ |
|------------------------------|------------------|------------|

GRADING ALERT: BY SIGNING, THE APPLICANT AGREES THAT NO CHANGE IN GRADE IS ANTICIPATED TO OCCUR OTHER THAN BY THE APPROVED GRADING PLAN. In the event any change in grade or resulting change caused in whole or in part as a result of the installation of structures and improvements, property owners/agents shall be required to undertake drainage improvements as directed by the Department of Public Services. ORD. 310 CHAP 1470.05(e).

VII. VALIDATION- BUILDING DEPARTMENT USE ONLY

BUILDING CODE/ RESIDENTIAL CODE EDITION _____

USE GROUP _____ CONSTRUCTION TYPE _____ OCCUPANT LOAD _____

SQUARE FEET _____ SUPPRESSED: YES NO

BUILDING PERMIT ORDINANCE PERMIT

| | | |
|---------------------------------|------------|----------------------|
| PLAN REVIEWER'S SIGNATURE _____ | DATE _____ | DEPT. APPROVAL _____ |
|---------------------------------|------------|----------------------|

Clinton Township will not discriminate against any individuals or groups because of race, sex, religion, national origin, color, marital status, disability, or political belief. If you need help reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.