## **BUILDING PERMIT APPLICATION**

Area Metropolitan Services Agency Please make your check payable to and send it to the appropriate jurisdiction 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 19500 15 Mile Road 621 Cliff Street 8156 4 Mile Road 7988 G Drive South 20260 Capital Ave NE 115 S. Uldricks Drive 10 N. Division St, Ste 117 601 Avenue A Battle Creek, MI 49017 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: 269.979.9421 Ph: 269.789.0654 Ph: 269.968.4422 Ph: 269.441.9273 Ph:269.965.9096 Ph: 269.968.0335 Ph: 269.979.3212 Ph: 269.966.3382 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 Receipt # \_\_\_\_\_ ☐ Check # 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 **ADDRESS** PROJECT NAME CITY/VILLAGE/TOWNSHIP ZIP CODE JOB SITE PHONE NUMBER **BETWEEN CROSS STREETS** AND II. IDENTIFICATION PROPERTY OWNER OR LESSEE NAME **ADDRESS** CITY/STATE 7IP PHONE NUMBER CFII NUMBER **FAX NUMBER** E-MAIL ADDRESS B. ARCHITECT OR ENGINEER NAME **ADDRESS** CITY/STATE 7IP PHONE NUMBER **FAX NUMBER** E-MAIL ADDRESS **CELL NUMBER** LICENSE NUMBER **EXPIRATION DATE** C. CONTRACTOR NAME **ADDRESS** CITY/STATE 7IP 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 ☐ MOBILE HOME SET-UP SPECIAL INSPECTION **PREMANUFACTURE** B. REVIEW(S) TO BE PERFORMED

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.

□ PLUMBING

☐ FOUNDATION

☐ MECHANICAL

BUILDING

☐ ELECTRICAL

IV. PROPOSED USE OF BUILDI	ING													
A. RESIDENTIAL														
☐ SINGLE FAMILY	□н	HOTEL, MOTEL # OF UNITS		☐ DETACHED GARAGE										
☐ MULTI- FAMILY # OF UNITS:	□ <b>A</b> ′	ATTACHED GARAGE		☐ OTHER										
B. NON-RESIDENTIAL				<del>-</del> - ···-										
☐ AMUSEMENT	Γ	☐ SERVICE STATION		☐ SCHOOL, LIBRARY,	EDUCATIONAL									
☐ CHURCH, RELIGION	_	☐ HOSPITAL, INSTITUTIONAL	☐ STORE, MERCANTILE											
☐ INDUSTRIAL		☐ OFFICE, BANK, PROFESSIONAL		☐ TANKS, TOWERS										
☐ PARKING GARAGE		D PUBLIC UTILITY		OTHER										
PROJECT DESCRIPTION - REQUIRED		31 032.0 0												
Describe in detail proposed use of build laundry building at hospital, elementar building, office building at industrial pla	ding; For exar ry school, seco	ondary school, college, parocl	hial school, parking ga	rage for department store	• •									
V. SELECTED CHARACTERISTI	ICS OF BU	ILDING												
A. PRINCIPAL TYPE OF FRAME			_											
☐ MASONRY, WALL BEARING	□wood	FRAME STRUCTURA	AL STEEL	REINFORCED CONCRETE	☐ OTHER									
B. PRINCIPAL TYPE OF HEATING FUEL														
□ GAS	OIL	☐ ELECTRICITY	γ 🗆 (	COAL	OTHER									
C. TYPE OF SEWAGE DISPOSAL														
☐ PUBLIC SYSTEM	☐ SEPTIC	SYSTEM		COMMUNITY SYSTEM										
D. TYPE OF WATER SUPPLY														
☐ PUBLIC OR SYSTEM	☐ PRIVAT	TE WELL OR CISTERN		MMUNITY SYSTEM										
E. TYPE OF MECHANICAL														
WILL THERE BE AIR CONDITIONING? WILL THERE BE FIRE SUPPRESSION?	☐ YES ☐ YES	□ no □ no												
F. DIMENSIONS / DATA		<del></del>												
-		FLOOR AREA:	EXISTING	ALTERATIONS	NEW									
NUMBER OF STORIES		BASEMENT												
USE GROUP		1ST & 2ND FLOOR												
CONSTRUCTION TYPE		3RD-10TH FLOOR												
NUMBER OF OCCUPANTS		11TH FLOOR & ABOVE												
		TOTAL AREA	+											
THE PERMIT HOLDER IS REQUIRED TO CALL THE PLACING OF CONCRETE. ROUGH INSP BEFORE MASONRY VENEER, BUT AFTER BA UPON PLACEMENT OF LOWEST FLOOR, INC NOT BE OCCUPIED UNTIL THE BUILDING O THE COMPLETION OF THE PROJECT.  EXPIRATION OF PERMIT: A PERMIT REMA BECOME INVALID IF THE AUTHORIZED WO	PECTION IS REGASE COURSE OF ICLUDING BASE OFFICIAL HAS IS	EQUIRED BEFORE INSULATION AT F FLASHING AND SHEATHING. FL EMENT, PRIOR TO FURTHER VER' SSUED A CERTIFICATE OF OCCUP IS LONG AS WORK IS PROGRESSII	ND INTERIOR CLADDING LOOD PLAIN EVALUATIO ITICAL CONSTRUCTION. PANCY. THE PERMIT HO NG AND INSPECTIONS A	i IS INSTALLED. MASONRY IN N INSPECTION IS REQUIRED A NEW BUILDING, ADDITION LDER MUST CALL AND REQU ARE REQUESTED AND CONDI	NSPECTION IS REQUIRED IN FLOOD PRONE AREAS , OR ALTERATION SHALL EST THE CERTIFICATE AT JUTED. A PERMIT SHALL									

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-

Revised 03/2019 THIS IS NOT A PERMIT

OPEN A CLOSED PERMIT IS \$75.

VI. APPLICANT INFO	RMATION (Contract	or or Homeowner)										
APPLICANT IS RESPONSIBLE FO	R THE PAYMENT OF ALL FEES	AND CHARGES APPLICABLE T	O THIS APPLICATION	ON AND MUST PROVIDE THE FOLLOWI	NG INFORMATION.							
NAME		PHONE NUM	IMBER CELL NUMBER									
ADDRESS		CITY	STATE ZIP CODE									
SOCIAL SECURITY NUMBER, DR	RIVER'S LICENSE # or STATE II	D #	[	DOB								
	OF THIS STATE RELATING TO	PERSONS WHO ARE TO P	-	ROHIBITS A PERSON FROM CONSPIR ON A RESIDENTIAL BUILDING OR A								
OWNER TO MAKE THIS APPLIC	ATION. I AGREE TO CONFORM MY KNOWLEDGE. I HEREBY C	1 TO ALL APPLICABLE LAWS C	F THE STATE OF N	WNER OF RECORD AND THAT I HAVE I MICHIGAN. ALL INFORMATION SUBMIT PREMISES BY THE BUILDING DEPARTM	TED ON THIS APPLICATION							
CONTRACTOR SIGNA	ATURE:		PRINT N	AME:								
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 GOVERN	MENTAL AGENCY TO	COMPLETE THIS S	ECTION									
		ENVIRONMENTAL CON	ITROL APPROV	/ALS								
	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												
G - WATER SUPPLY	☐ YES ☐ NO ☐ YES ☐ NO											
H - SEPTIC SYSTEM												
I – VARIANCE GRANTED	☐ YES ☐ NO											
J – OTHER	☐ YES ☐ NO											
K – DRIVEWAY PERMIT	☐ YES ☐ NO											
VIII. VALIDATION - F	OP DEDARTMENT LI	SE ONLV										
USE GROUP	ON DEPARTIVIENT O	JE UNLI	ADMINISTRA	ATILIF EEE								
MIXED USE		-	ZONING BAS		<del></del>							
INCIDENTAL USE		-		PECTION FEE								
TYPE OF CONSTRUCTION	·		INSPECTION									
SQUARE FEET			BUILDING PL	AN REVIEW (PR) FEE								
# OF REQUIRED INSPECT	TONS		-	'ELECTRICAL / MECHANICAL (P	R) FEE							
# OF INCLUDED INSPECT	TIONS			OUT PERMIT FEE (\$150)								
ZONING ADMINISTRATOR'S AF	DDDOVAL SIGNATURE	DATE	TOTAL	ΓΙΔΙ'S ΔΡΡΡΟΙΛΙΙ SIGNATURE								

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