

# 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 : \_\_\_\_\_

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.
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**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**

<b>I. PROJECT INFORMATION</b>				
PROJECT DESCRIPTION			ADDRESS	
CITY	VILLAGE	TOWNSHIP	COUNTY	ZIP CODE
BETWEEN		AND		

<b>II. IDENTIFICATION</b>			
<b>A. OWNER OR LESSEE</b> NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER
<b>B. ARCHITECT OR ENGINEER</b> NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER
LICENSE NUMBER			EXPIRATION DATE
<b>C. CONTRACTOR</b> 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			

<b>III. TYPE OF IMPROVEMENT AND PLAN REVIEW</b>	
<b>A. TYPE OF IMPROVEMENT</b>	
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>B. REVIEW(S) TO BE PERFORMED</b>	
<input type="checkbox"/> BUILDING	<input type="checkbox"/> ELECTRICAL
<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> PLUMBING
<input type="checkbox"/> FOUNDATION	

## BUILDING PERMIT APPLICATION

### IV. PROPOSED USE OF BUILDING

#### A. RESIDENTIAL

- |  |  |   |
|--|--|---|
| 1. <input type="checkbox"/> ONE FAMILY                               | 3. <input type="checkbox"/> HOTEL, MOTEL<br>NO. OF UNITS _____ | 5. <input type="checkbox"/> DETACHED GARAGE |
| 2. <input type="checkbox"/> TWO OR MORE FAMILY<br>NO. OF UNITS _____ | 4. <input type="checkbox"/> ATTACHED GARAGE                    | 6. <input type="checkbox"/> OTHER           |

#### B. NON-RESIDENTIAL

- |  |   |   |
|--|---|---|
| 7. <input type="checkbox"/> AMUSEMENT        | 11. <input type="checkbox"/> SERVICE STATION            | 15. <input type="checkbox"/> SCHOOL, LIBRARY, EDUCATIONAL |
| 8. <input type="checkbox"/> CHURCH, RELIGION | 12. <input type="checkbox"/> HOSPITAL, INSTITUTIONAL    | 16. <input type="checkbox"/> STORE, MERCANTILE            |
| 9. <input type="checkbox"/> INDUSTRIAL       | 13. <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL | 17. <input type="checkbox"/> TANKS, TOWERS                |
| 10. <input type="checkbox"/> PARKING GARAGE  | 14. <input type="checkbox"/> PUBLIC UTILITY             | 18. <input type="checkbox"/> OTHER                        |

NON RESIDENTIAL: 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.

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### V. SELECTED CHARACTERISTICS OF BUILDING

#### A. PRINCIPAL TYPE OF FRAME

1.  MASONRY, WALL BEARING    2.  WOOD FRAME    3.  STRUCTURAL STEEL    4.  REINFORCED CONCRETE    5.  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 FIRE SUPPRESSION?     YES     NO

#### F. DIMENSIONS/DATA

17. NUMBER OF STORIES _____	21. FLOOR AREA	EXISTING	ALTERATIONS	NEW
18. USE GROUP _____	BASEMENT	_____	_____	_____
19. CONST. TYPE _____	1 <sup>ST</sup> & 2 <sup>ND</sup> FLOOR	_____	_____	_____
20. NO. OF OCCUPANTS _____	3 <sup>RD</sup> -10 <sup>TH</sup> FLOOR	_____	_____	_____
	ATTACHED GARAGE	_____	_____	_____
	TOTAL AREA	_____	_____	_____

#### G. NUMBER OF OFF STREET PARKING SPACES

22. ENCLOSED \_\_\_\_\_                                      23. OUTDOORS \_\_\_\_\_

## 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.