

# APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

## Onondaga Township P.O. Box 67 Onondaga, MI 49264

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 Name:		Address:			
City/Village:	Township:	County:	Zip Code:		
Between:		And:			

### II. IDENTIFICATION:

#### A. Owner or Lessee:

Name:		Address:			
City:	State:	Zip Code:	Phone #:		

#### B. Architect or Engineer:

Name:		Address:			
City:	State:	Zip Code:	Phone #:		
License Number:			Expiration Date:		

#### C. Contractor:

Name:		Address:			
City:	State:	Zip Code:	Phone #:		
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	5. <input type="checkbox"/> Demolition	7. <input type="checkbox"/> Foundation Only	9. <input type="checkbox"/> Relocation
2. <input type="checkbox"/> Addition	4. <input type="checkbox"/> Repair	6. <input type="checkbox"/> Mobil Home Setup	8. <input type="checkbox"/> Pre-manufacture	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
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**IV. PROPOSED USE OF BUILDING****A. Residential**

1.  One Family  
No. of Units \_\_\_\_\_
2.  Two or More Family  
No. of Units \_\_\_\_\_
3.  Hotel, Motel  
No. of Units \_\_\_\_\_
4.  Attached Garage
5.  Detached Garage
6.  Other

**B. Non-Residential**

7.  Amusement  
8.  Church, Religion  
9.  Industrial  
10.  Parking Garage
11.  Service Station  
12.  Hospital, Institutional  
13.  Office, Bank, Professional  
14.  Public Utility
15.  School, Library, Education  
16.  Store, Mercantile  
17.  Tanks, Towers  
18.  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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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

**F. Dimensions/Data**

	Existing	Alterations	New
17. Number of Stories _____			
18. Use Group _____			
19. Const. Type _____			
20. No. of Occupants _____			
21. Floor Area:			
Basement	_____	_____	_____
1 <sup>st</sup> & 2 <sup>nd</sup> Floor	_____	_____	_____
3 <sup>rd</sup> – 10 <sup>th</sup> Floor	_____	_____	_____
11 <sup>th</sup> & Above	_____	_____	_____
Total Area	_____	_____	_____

**G. Number of off Street Parking Spaces**

22. Enclosed \_\_\_\_\_    23. Outdoors \_\_\_\_\_

**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:		Phone No.:	
Address:	City:	State:	Zip:

Federal ID 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.**

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 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.

Signature of Applicant: \_\_\_\_\_

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 Applicants Use**

