

BUILDING AND PLAN EXAMINATION - PERMIT APPLICATION

Fredonia Township

8803 17 Mile Road - Marshall, Michigan 49068 - 269.781.8115

Instructions: 1. Complete application. 2. Make check payable to Fredonia Township. 3. Mail or Drop Off the check and application.

Frank Ballard, Building Inspector

Mail: Fredonia Township, 8803 17 Mile Road, Marshall, Michigan 49068

Phone: 269.209.2094

Administrative Section:

Cash

Check # _____ **Receipt #** _____ **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

PROJECT NAME	ADDRESS
CITY/VILLAGE/TOWNSHIP	ZIP CODE
BETWEEN CROSS STREETS	AND
JOB SITE PHONE NUMBER	

II. IDENTIFICATION

A. PROPERTY OWNER OR LESSEE			
NAME	ADDRESS	CITY/STATE	ZIP
PHONE NUMBER	CELL NUMBER	FAX NUMBER	E-MAIL ADDRESS

B. ARCHITECT OR ENGINEER			
NAME	ADDRESS	CITY/STATE	ZIP
PHONE NUMBER		FAX NUMBER	E-MAIL ADDRESS
CELL NUMBER	LICENSE NUMBER		EXPIRATION DATE

C. CONTRACTOR			
NAME	ADDRESS	CITY/STATE	ZIP
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 (structural costs only): \$ _____		
<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> FOUNDATION ONLY	<input type="checkbox"/> MOBILE HOME SET-UP
<input type="checkbox"/> ADDITION	<input type="checkbox"/> REPAIR	<input type="checkbox"/> RELOCATION	<input type="checkbox"/> PREMANUFACTURE	<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

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.

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 NUMBER	CELL NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
FEDERAL I.D. NUMBER / SOCIAL SECURITY NUMBER			

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.

CONTRACTOR CERTIFICATION: 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. I 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. I HEREBY CONSENT TO ENTRY AND INSPECTION OF THE PREMISES BY THE BUILDING DEPARTMENT'S INSPECTOR(S) UNTIL A CERTIFICATE OF OCCUPANCY IS ISSUED FOR THE PROJECT.

CONTRACTOR SIGNATURE: _____

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: _____

VII. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION

ENVIRONMENTAL CONTROL APPROVALS					
	Approval Required?	APPROVED	DATE	COMMENTS	SIGNATURE
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				
K - DRIVEWAY PERMIT	<input type="checkbox"/> YES <input type="checkbox"/> NO				

VIII. VALIDATION - FOR DEPARTMENT USE ONLY

USE GROUP _____ MIXED USE _____ INCIDENTAL USE _____ TYPE OF CONSTRUCTION _____ SQUARE FEET _____ # OF REQUIRED INSPECTIONS _____	ADMINISTRATIVE FEE <u> \$ 75.00 </u> ZONING BASED FEE <u> \$ 25.00 </u> INSPECTION FEE _____ BUILDING PLAN REVIEW (PR) FEE _____ TOTAL _____
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ZONING ADMINISTRATOR'S APPROVAL SIGNATURE	DATE
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BUILDING OFFICIAL'S APPROVAL SIGNATURE	DATE	NUMBER OF INCLUDED INSPECTIONS
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IX. SITE OR PLOT PLAN - FOR APPLICANT USE. Please include locations of streets, driveways, and existing structures. Include the location and number of parking spaces, easements, right-of-way lines, setback distances, location of any on-site water or sewer facilities, retaining walls, water bodies within 500 feet of the property, 100 year flood plains, wetlands, and a north arrow. Include distance between structures and property lines.

A large grid area for drawing a site or plot plan. The grid consists of 30 columns and 30 rows of small squares, providing a space for the applicant to draw and label various features of the property as specified in the instructions above.