

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
Phone: 269.209.2094

Carl Fowler, Permit Coordinator
Email: cfowler@fredoniatownship.com

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 Vacant lot south of 7574 15 1/2 mile Rd, Marshall, MI

PROJECT NAME Steve Katz ADDRESS _____
 CITY/VILLAGE/TOWNSHIP Fredonia TWP ZIP CODE 49068
 BETWEEN CROSS STREETS H Drive South & J Drive South AND _____ JOB SITE PHONE NUMBER _____

II. IDENTIFICATION

A. PROPERTY OWNER OR LESSEE
 NAME Steven Lewis Katz ADDRESS 3522 Lakeshore Dr. St. Joseph, MI CITY/STATE _____ ZIP 49085
 PHONE NUMBER _____ CELL NUMBER 269-275-1490 FAX NUMBER _____ E-MAIL ADDRESS kskatzma56569@gmail.com

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): \$ 300,000
 NEW BUILDING ALTERATION DEMOLITION FOUNDATION ONLY MOBILE HOME SET-UP
 ADDITION REPAIR RELOCATION PREMANUFACTURE SPECIAL INSPECTION

B. REVIEW(S) TO BE PERFORMED
 BUILDING ELECTRICAL MECHANICAL PLUMBING 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 <i>Steven Lewis Katz</i>	PHONE NUMBER <i>269-275-1395</i>	CELL NUMBER <i>269-275-1490</i>
ADDRESS <i>3522 Lakeshore Drive, St. Joseph, MI 49085</i>	CITY	STATE
FEDERAL I.D. NUMBER / SOCIAL SECURITY NUMBER <i>362-84-4954</i>		

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 SUBJECTED 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: *Steven Lewis Katz*

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 _____	ADMINISTRATIVE FEE <u>\$ 75.00</u>
INCIDENTAL USE _____	ZONING BASED FEE <u>\$ 40.00</u>
TYPE OF CONSTRUCTION _____	INSPECTION FEE _____
SQUARE FEET _____	BUILDING PLAN REVIEW (PR) FEE _____
# OF REQUIRED INSPECTIONS _____	
	TOTAL _____

ZONING ADMINISTRATOR'S APPROVAL SIGNATURE _____ DATE _____

BUILDING OFFICIAL'S APPROVAL SIGNATURE _____ DATE _____ NUMBER OF INCLUDED INSPECTIONS _____

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.

