## **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 8156 4 Mile Road 20260 Capital Ave NE 115 S. Uldricks Drive 19500 15 Mile Rd 621 Cliff Street 7988 G Drive South 10 N. Division St, Ste 111 601 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: 269-968.03351 Ph: 269-979-3212 Ph: 269-968-4422 Ph: 269-441-9273 Ph:269.965.9096 Ph: 269-966.3654 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: 269.966.3654 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 BUILDIN	G											
A. RESIDENTIAL												
☐ SINGLE FAMILY	□н	OTEL, MOTEL#	OF UNITS		☐ DETACHED GARAGE	:						
☐ MULTI- FAMILY # OF UNITS:		TTACHED GARAG			☐ OTHER							
B. NON-RESIDENTIAL		111101125 C	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>									
□ AMUSEMENT	Г	SERVICE STATION	ON		☐ SCHOOL, LIBRARY,	FDLICATIONAL						
☐ CHURCH, RELIGION	_	☐ HOSPITAL, INST			☐ STORE, MERCANTIL							
□ INDUSTRIAL		OFFICE, BANK,			☐ TANKS, TOWERS							
☐ PARKING GARAGE		☐ PUBLIC UTILITY				☐ OTHER						
PROJECT DESCRIPTION - REQUIRED		JI OBLIC STILL										
Describe in detail proposed use of building												
laundry building at hospital, elementary s							e, rental office					
building, office building at industrial plant	t. If use of e	existing buildin	ig is being change	ed then enter pro	oposed	use.						
<del></del>	_		_		_							
V. SELECTED CHARACTERISTICS	S OF BU	ILDING										
A. PRINCIPAL TYPE OF FRAME												
MASONRY, WALL BEARING	□wood	FRAMF	RAME □ STRUCTURAL STEEL □ REINFO				☐ OTHER					
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B. PRINCIPAL TYPE OF HEATING FUEL	L					_						
□ GAS	OIL		☐ ELECTRICITY		☐ COAL		OTHER					
C. TYPE OF SEWAGE DISPOSAL												
□ PUBLIC SYSTEM	☐ SEPTIC S	SYSTEM			MUNITY SYSTEM							
D. TYPE OF WATER SUPPLY						VIOI411131312						
D. TIPE OF WATER SOFFEE	Π ρρινάτ	E WELL OR CISTE	EDNI		ПСОМ	MUNITY SYSTEM						
D PUBLIC ON 3131EIVI	□ Phivaii	E WELL ON CIST	.RIV		LI COIVIII	MUNITY SYSTEM						
E. TYPE OF MECHANICAL												
WILL THERE BE AIR CONDITIONING?	☐ YES	□ NC	)									
WILL THERE BE FIRE SUPPRESSION?	☐ YES	□ №										
F. DIMENSIONS / DATA												
ı			R AREA:	EXISTING		ALTERATIONS	NEW					
NUMBER OF STORIES		BASEMENT										
USE GROUP		1ST & 2ND F	LOOR									
CONSTRUCTION TYPE		3RD-10TH FL	∟OOR									
NUMBER OF OCCUPANTS		11TH FLOOR	& ABOVE									
		TOTAL AREA										
THE PERMIT HOLDER IS REQUIRED TO CALL FO	OR ALL INSP	ECTIONS PRIOR	TO COVERING CO	NSTRUCTION WOR	K. FOUI	NDATION INSPECTIONS	ARE REQUIRED PRIOR TO					
THE PLACING OF CONCRETE. ROUGH INSPEC												
BEFORE MASONRY VENEER, BUT AFTER BASE UPON PLACEMENT OF LOWEST FLOOR, INCLU												
NOT BE OCCUPIED UNTIL THE BUILDING OFFI												
THE COMPLETION OF THE PROJECT.												

EXPIRATION OF PERMIT: A PERMIT REMAINS VALID AS LONG AS WORK IS PROGRESSING AND INSPECTIONS ARE REQUESTED AND CONDUCTED. A PERMIT SHALL BECOME INVALID IF THE AUTHORIZED WORK IS NOT COMMENCED WITHIN 180 DAYS AFTER ISSUANCE OF THE PERMIT OR IF THE AUTHORIZED WORK IS SUSPENDED 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 REOPEN A CLOSED PERMIT IS \$75.

VI. APPLICANT INFO	RMATION (Contra	actor or Homeowner)										
APPLICANT IS RESPONSIBLE FO	R THE PAYMENT OF ALL F	EES AND CHARGES APPLICABLE	O THIS APPLICATI	ON AND MUST PROVIDE THE FOLLOW	/ING INFORMATION.							
NAME		PHONE NUM	MBER CELL NUMBER									
ADDRESS		CITY	STATE ZIP CODE									
SOCIAL SECURITY NUMBER, DR	RIVER'S LICENSE # or STA	TE ID #	ı	DOB								
	F THIS STATE RELATING	TO PERSONS WHO ARE TO I	-	ROHIBITS A PERSON FROM CONSPI ON A RESIDENTIAL BUILDING OR A								
OWNER TO MAKE THIS APPLIC	ATION. I AGREE TO CONF MY KNOWLEDGE. I HERE	ORM TO ALL APPLICABLE LAWS BY CONSENT TO ENTRY AND IN:	OF THE STATE OF I	WNER OF RECORD AND THAT I HAVE MICHIGAN. ALL INFORMATION SUBM PREMISES BY THE BUILDING DEPART	ITTED ON THIS APPLICATION							
CONTRACTOR SIGNA	TURE:		_ PRINT N	AME:								
SINGLE-FAMILY DWELLING IN I ASSUME ALL RESPONSIBILITY	WHICH I LIVE OR AM ABO FOR OBTAINING ALL NECI	OUT TO OCCUPY. I UNDERSTAND	PUBLIC ACT 230	PPLICATION WILL BE CONDUCTED B OF 1972, AS AMENDED, THE MICHIGA  AME:								
VII. LOCAL GOVERNI	MENTAL AGENCY	TO COMPLETE THIS S	SECTION									
		ENVIRONMENTAL CO	NTROL APPRON	/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	☐ YES ☐ NO											
G - WATER SUPPLY	☐ YES ☐ NO											
H - SEPTIC SYSTEM	☐ YES ☐ NO											
I – VARIANCE GRANTED												
J – OTHER	YES NO											
K – DRIVEWAY PERMIT	YES NO											
VIII. VALIDATION - F	☐ YES ☐ NO  OR DEPARTMENT	T LISE ONLY										
USE GROUP MIXED USE INCIDENTAL USE TYPE OF CONSTRUCTION SQUARE FEET # OF REQUIRED INSPECT # OF INCLUDED INSPECT	I		ADMINISTRATIVE FEE  ZONING BASED FEE  ZONING INSPECTION FEE  INSPECTION FEE  BUILDING PLAN REVIEW (PR) FEE  PLUMBING / ELECTRICAL / MECHANICAL (PR) FEE  TOTAL									
ZONING ADMINISTRATOR'S AP	PROVAL SIGNATURE	DATE	BUILDING OFFICIAL'S APPROVAL SIGNATURE DATE									

Revised 08/2016 THIS IS NOT A PERMIT

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