

Application for Building Permit

Howard Township, Cass Co.
 Rich McGrew, Building Official
 813 Park Shore Drive
 Cassopolis, MI 49031
 mcgrewrich@yahoo.com, 269-228-3234

Authority: 1972 PA 230
 Completion: Mandatory to obtain permit
 Penalty: Permit will not be issued

Applicant to Complete All Items in Sections 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 | TELEPHONE NUMBER | |
| B. ARCHITECT OR ENGINEER | | | | |
| NAME | | ADDRESS | | |
| CITY | STATE | ZIP CODE | TELEPHONE NUMBER | |
| LICENSE NUMBER | | | EXPIRATION DATE | |
| C. CONTRACTOR | | | | |
| 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 | | | | |
| 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"/> MOBILE HOME SET-UP | 8. <input type="checkbox"/> PREMANUFACTURE | 10. <input type="checkbox"/> SPECIAL INSPECTION |
| B. PLAN REVIEW REQUIRED | | | | |
| Plans must be submitted with an Application for Plan Examination and the appropriate fee before a permit can be issued, except as listed below. | | | | |
| Plans are not required for alterations and repair work determined by the building official to be of a minor nature. | | | | |
| Plans and specifications are required for all other building types and shall be prepared by or under the direct supervision of an architect or engineer licensed pursuant to 1980 PA 299 and shall bear that architect's or engineer's seal and signature. | | | | |
| Plan Review Submission No. _____ | | | | |

IV. PROPOSED USE OF BUILDING

A. RESIDENTIAL

1. ONE FAMILY
 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, EDUCATIONAL
 16. STORE, MERCANTILE
 17. TANKS, TOWERS
 18. OTHER _____

NONRESIDENTIAL-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 NO

F. DIMENSIONS/DATA

| | | EXISTING | ALTERATIONS | NEW |
|-----------------------|------------------|----------|-------------|-------|
| 17. NUMBER OF STORIES | _____ | | | |
| 18. USE GROUP | _____ | | | |
| 19. CONST. TYPE | _____ | | | |
| 20. NO. OF OCCUPANTS | _____ | | | |
| 21. FLOOR AREA: | | | | |
| | BASEMENT | _____ | _____ | _____ |
| | 1ST & 2ND FLOOR | _____ | _____ | _____ |
| | 3RD - 10TH FLOOR | _____ | _____ | _____ |
| | 11TH - 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 | | TELEPHONE NO. | |
| 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.

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.

SIGNATURE OF APPLICANT

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 _____ |