

# Area Metropolitan Services Agency

Please make your check payable to and send it to, the appropriate jurisdiction noted.

## Please Mark the box next to the appropriate jurisdiction

- |   |   |   |  |  |   |  |
|---|---|---|--|--|---|--|
| <input type="checkbox"/> <b>Bedford Township</b><br>115 S Uldriks Drive<br>Battle Creek, MI 49017<br>ph: 269-965-9096<br>fx: 269-965-0908 | <input type="checkbox"/> <b>Convis Township</b><br>19500 15 Mile Road<br>Marshall, MI 49068<br>ph. 269-789-0654<br>fx. 269-789-0657 | <input type="checkbox"/> <b>Emmett Township</b><br>621 Cliff Street<br>Battle Creek, MI 49014<br>ph. 269-968-0335<br>fx. 269-968-0108 | <input type="checkbox"/> <b>Newton Township</b><br>7988 G Drive South<br>Ceresco, MI 49033<br>ph. 269-979-3212<br>fx. 269-979-4470 | <input type="checkbox"/> <b>Pennfield Township</b><br>20260 Capital Ave NE<br>Battle Creek, MI 49017<br>ph. 269-968-4422<br>fx. 269-968-2021 | <input type="checkbox"/> <b>City of Battle Creek</b><br>10 N Division St, Ste 111<br>Battle Creek, MI 49014<br>ph. 269-966-3382<br>fx. 269-966-3654 | <input type="checkbox"/> <b>City of Springfield</b><br>601 Avenue A<br>Springfield, MI 49015<br>ph. 269-441-9273<br>fx. 269-965-0114 |
|---|---|---|--|--|---|--|

**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.

### IV. PROPOSED USE OF BUILDING

#### A. RESIDENTIAL

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> SINGLE FAMILY              | <input type="checkbox"/> HOTEL, MOTEL # OF UNITS _____ | <input type="checkbox"/> DETACHED GARAGE |
| <input type="checkbox"/> MULTI-FAMILY NO. OF UNITS: | <input type="checkbox"/> ATTACHED GARAGE               | <input type="checkbox"/> OTHER           |

#### B. NON-RESIDENTIAL

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> AMUSEMENT        | <input type="checkbox"/> SERVICE STATION            | <input type="checkbox"/> SCHOOL, LIBRARY, EDUCATIONAL |
| <input type="checkbox"/> CHURCH, RELIGION | <input type="checkbox"/> HOSPITAL, INSTITUTIONAL    | <input type="checkbox"/> STORE, MERCANTILE            |
| <input type="checkbox"/> INDUSTRIAL       | <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL | <input type="checkbox"/> TANKS, TOWERS                |
| <input type="checkbox"/> PARKING GARAGE   | <input type="checkbox"/> PUBLIC UTILITY             | <input type="checkbox"/> OTHER                        |

#### PROJECT DESCRIPTION - REQUIRED

Describe in detail proposed use of building; For example, residential new construction, remodel, expansion, 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 then enter proposed use.

### V. SELECTED CHARACTERISTICS OF BUILDING

#### A. PRINCIPAL TYPE OF FRAME

- |  |                                     |   |  |                                |
|--|-------------------------------------|---|--|--------------------------------|
| <input type="checkbox"/> MASONRY, WALL BEARING | <input type="checkbox"/> WOOD FRAME | <input type="checkbox"/> STRUCTURAL STEEL | <input type="checkbox"/> REINFORCED CONCRETE | <input type="checkbox"/> OTHER |
|--|-------------------------------------|---|--|--------------------------------|

#### B. PRINCIPAL TYPE OF HEATING FUEL

- |                              |                              |                                      |                               |                                |
|------------------------------|------------------------------|--------------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> GAS | <input type="checkbox"/> OIL | <input type="checkbox"/> ELECTRICITY | <input type="checkbox"/> COAL | <input type="checkbox"/> OTHER |
|------------------------------|------------------------------|--------------------------------------|-------------------------------|--------------------------------|

#### C. TYPE OF SEWAGE DISPOSAL

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> PUBLIC SYSTEM | <input type="checkbox"/> SEPTIC SYSTEM | <input type="checkbox"/> COMMUNITY SYSTEM |
|--|--|---|

#### D. TYPE OF WATER SUPPLY

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> PUBLIC OR SYSTEM | <input type="checkbox"/> PRIVATE WELL OR CISTERN | <input type="checkbox"/> COMMUNITY SYSTEM |
|---|--|---|

#### E. TYPE OF MECHANICAL

- |                                 |                              |                                 |                              |
|---------------------------------|------------------------------|---------------------------------|------------------------------|
| WILL THERE BE AIR CONDITIONING? | <input type="checkbox"/> YES | WILL THERE BE FIRE SUPPRESSION? | <input type="checkbox"/> YES |
|                                 | <input type="checkbox"/> NO  |                                 | <input type="checkbox"/> NO  |

#### F. DIMENSIONS / DATA

		FLOOR AREA:	EXISTING	ALTERATIONS	NEW
NUMBER OF STORIES	_____	BASEMENT			
USE GROUP	_____	1ST & 2ND FLOOR			
CONST. TYPE	_____	3RD-10TH FLOOR			
NO. OF OCCUPANTS	_____	11TH FLOOR & ABOVE			
		TOTAL AREA			

THE PERMIT HOLDER IS REQUIRED TO CALL FOR ALL INSPECTIONS PRIOR TO COVERING CONSTRUCTION WORK. FOUNDATION INSPECTIONS ARE REQUIRED PRIOR TO THE PLACING OF CONCRETE. ROUGH INSPECTION IS REQUIRED BEFORE INSULATION AND INTERIOR CLADDING IS INSTALLED. MASONRY INSPECTION IS REQUIRED BEFORE MASONRY VENEER, BUT AFTER BASE COURSE OF FLASHING AND SHEATHING. FLOOD PLAIN EVALUATION INSPECTION IS REQUIRED IN FLOOD PRONE AREAS UPON PLACEMENT OF LOWEST FLOOR, INCLUDING BASEMENT, PRIOR TO FURTHER VERTICAL CONSTRUCTION. A NEW BUILDING, ADDITION, OR ALTERATION SHALL NOT BE OCCUPIED UNTIL THE BUILDING OFFICIAL HAS ISSUED A CERTIFICATE OF OCCUPANCY. THE PERMIT HOLDER MUST CALL AND REQUEST THE CERTIFICATE AT 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 RE-OPEN A CLOSED PERMIT IS \$75.

## 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
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ADDRESS	CITY	STATE	ZIP CODE
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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 _____	ADMINISTRATIVE FEE _____
MIXED USE _____	ZONING BASED FEE _____
INCIDENTAL USE _____	ZONING INSPECTION FEE _____
TYPE OF CONSTRUCTION _____	INSPECTION FEE _____
SQUARE FEET _____	BUILDING PLAN REVIEW (PR) FEE _____
# OF REQUIRED INSPECTIONS _____	PLUMBING/ELECTRICAL/MECHANICAL PR FEE _____
	TOTAL _____

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.