

Area Metropolitan Services Agency

APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION REQUEST

Separate applications must be completed and filed for plumbing, mechanical and electrical work

Jurisdiction	Phone	Fax	
<input type="checkbox"/> Leroy Township	269-979-9421	269-979-2775	Attachments: 1. Construction plans must be included , except for minor alterations and repair work. Construction Plans must include: foundation plan, floor plan, roof and wall cross-section, building elevation plans, and site plan. 2. A plot plan must be included showing the lot, and building dimensions, yard setbacks, building height, right of way lines driveway and utility locations.
<input type="checkbox"/> Bedford Charter Township	269-965-9096	<u>Call</u>	
<input type="checkbox"/> City of Battle Creek	269-966-3382	269-966-3654	
<input type="checkbox"/> City of Springfield	269-965-2354	269-965-0114	
<input type="checkbox"/> Emmett Charter Township	269-968-0335	269-968-3523	
<input type="checkbox"/> Pennfield Charter Township	269-968-4422	269-968-2021	
<input type="checkbox"/> Newton Township	269-979-3212	269-979-4470	

APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, V, VI AND ATTACHMENTS 1 & 2

I. PROJECT INFORMATION

PROJECT NAME	STREET ADDRESS
BETWEEN	AND

II. IDENTIFICATION

A. OWNER OR LESSEE

NAME		ADDRESS	
CITY		STATE	ZIP CODE
PHONE NUMBER	CELL PHONE	FAX NUMBER	E-MAIL

B. ARCHITECT OR ENGINEER (Pursuant to PA 299 of 1980, as amended plans and specifications shall be prepared under the direct supervision of a licensed architect or engineer and shall bear that architect's or engineer's seal and signature.)

NAME		ADDRESS	
CITY		STATE	ZIP CODE
PHONE NUMBER	CELL PHONE	FAX NUMBER	E-MAIL
LICENSE NUMBER			EXPIRATION DATE

C. CONTRACTOR (May register a copy of residential builders license and insurance information with the department annually)

NAME		ADDRESS	
CITY		STATE	ZIP CODE
PHONE NUMBER	CELL PHONE	FAX NUMBER	E-MAIL
BUILDERS LICENSE NUMBER			EXPIRATION DATE

FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION

WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION

MESC EMPLOYER ID NUMBER OR REASON FOR EXEMPTION

III. TYPE OF IMPROVEMENT

<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> FOUNDATION ONLY	<input type="checkbox"/> RELOCATION
<input type="checkbox"/> ADDITION	<input type="checkbox"/> REPAIR	<input type="checkbox"/> MOBILE HOME SET-	<input type="checkbox"/> PREMANUFACTURE	<input type="checkbox"/> SPECIAL INSPECTION

IV. PROPOSED USE OF BUILDING

A. RESIDENTIAL

<input type="checkbox"/> ONE FAMILY	<input type="checkbox"/> HOTEL, MOTEL # OF UNITS _____	<input type="checkbox"/> DETACHED GARAGE
<input type="checkbox"/> TWO OR MORE FAMILY #. 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

C. PROJECT DESCRIPTION

DESCRIBE IN DETAIL PROPOSED USE OF BUILDING
 IF USE OF EXISTING BUILDING IS BEING CHANGED, ENTER THE PREVIOUS AND 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
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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
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C. TYPE OF SEWAGE DISPOSAL

<input type="checkbox"/> PUBLIC	<input type="checkbox"/> ON-SITE SEPTIC SYSTEM	<input type="checkbox"/> COMMUNITY SYSTEM
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D. TYPE OF WATER SUPPLY

<input type="checkbox"/> PUBLIC	<input type="checkbox"/> PRIVATE WELL	<input type="checkbox"/> COMMUNITY SYSTEM
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E. TYPE OF MECHANICAL

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

F. DIMENSIONS / DATA / COST

NUMBER OF STORIES		FLOOR AREA	EXISTING	ALTERATIONS	NEW
USE GROUP		BASEMENT			
CONSTRUCTION TYPE		1 ST FLOOR			
NUMBER OF OCCUPANTS		2 ND FLOOR			
COST OF IMPROVEMENT \$ _____		3 RD - 10 TH			
		11 TH - ABOVE			
		TOTAL AREA			

The permit holder is required to call for inspections prior to covering construction work. Foundation inspections are required prior to placing of concrete. Rough inspection is required before insulation and interior cladding is installed. Masonry inspection is required before masonry veneer, but after the installation of base course flashing and sheathing. Flood plain elevation inspection is required in flood prone area upon placement of the 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.

THE BUILDING 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 must provide the following information)

THE UNDERSIGNED IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES

PRINT APPLICANTS NAME	TELEPHONE	CELL PHONE	
ADDRESS	CITY	STATE	ZIP CODE □
AUTHORIZED AGENTS FEDERAL I.D. NUMBER	OR OWNERS DRIVER LICENSE NUMBER		

I HEREBY CERTIFY THAT THE OWNER OF RECORD AUTHORIZES THE PROPOSED WORK AND THAT I HAVE BEEN AUTHORIZED BY SAID 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. I HEREBY CONSENT TO ENTRY AND INSPECTION OF THE PREMISES BY THE BY THE BUILDING DEPARTMENT'S INSPECTORS UNTIL A CERTIFICATE OF USE AND OCCUPANCY IS ISSUED FOR THE PROJECT.

CONTRACTORS SIGNATURE: _____ **Date:** _____

Home Owners Affidavit: I hereby certify that the construction work described above will by conducted by the undersigned in my single-family dwelling in which I live or are 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. **Section 23a of the state construction code act 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**

HOME OWNERS SIGNATURE: _____ **Date:** _____

Expiration of Permit: This permit will be cancelled and void if work is not commenced within six (6) month of the date of issuance; or if a period of six (6) months elapses between inspections; or if the work is discontinued or has not progressed for a period of six (6) months..

VII. GOVERNMENTAL AGENCIES TO COMPLETE THIS SECTION (provide documents for * items)

AGENCY	APPROVAL REQUIRED?		PERMIT NO. OR DISTRICT	DATE	COMMENTS	SIGNATURE
ZONING	<input type="checkbox"/> YES	<input type="checkbox"/> NO				
SITE INSPECTION	<input type="checkbox"/> YES	<input type="checkbox"/> NO				
ZONING VARIANCE	<input type="checkbox"/> YES	<input type="checkbox"/> NO				
FIRE	<input type="checkbox"/> YES	<input type="checkbox"/> NO				
MDEQ*	<input type="checkbox"/> YES	<input type="checkbox"/> NO				
ADDRESS CERTIFICATE*	<input type="checkbox"/> YES	<input type="checkbox"/> NO				
SOIL EROSION PERMIT*	<input type="checkbox"/> YES	<input type="checkbox"/> NO				
FLOOD ZONE	<input type="checkbox"/> YES	<input type="checkbox"/> NO				
ON-SITE WELL PERMIT*	<input type="checkbox"/> YES	<input type="checkbox"/> NO				
MUNICIPAL WATER	<input type="checkbox"/> YES	<input type="checkbox"/> NO				
ON-SITE SEPTIC SYSTEM*	<input type="checkbox"/> YES	<input type="checkbox"/> NO				
SANITARY SEWER	<input type="checkbox"/> YES	<input type="checkbox"/> NO				
DRIVEWAY PERMIT*	<input type="checkbox"/> YES	<input type="checkbox"/> NO				

VII. VALIDATION - FOR BUILDING DEPARTMENT USE ONLY

USE GROUP _____	ADMINISTRATIVE FEE	\$ _____
MIXED USE _____	ZONING BASE FEE	\$ _____
INCIDENTAL USE _____	ZONING INSPECTION FEE	\$ _____
TYPE OF CONSTRUCTION _____	INSPECTION FEE	\$ _____
SQUARE FEET _____	BUILDING PLAN REVIEW (PR) FEE	\$ _____
# REQUIRED INSPECTIONS _____	PLUMBING, ELECTRICAL, MECHANICAL: PR FEE	\$ _____
	TOTAL	\$ _____
ZONING ADMINISTRATORS APPROVAL SIGNATURE		DATE
BUILDING OFFICIALS APPROVAL SIGNATURE		NUMBER OF INSPECTIONS INCLUDED
TITLE		DATE

ATTACHMENT 2

SITE OR PLOT PLAN

FOR APPLICANT USE

Include driveway, location and number of parking spaces, lot lines with dimensions and total lot area, easements, right-of-way lines existing and proposed building sizes, front, rear, and side yard setbacks distances, location of water and sewer facilities, retaining walls, water bodies within 500 ft, 100 year floodplains, wetlands, and a north arrow.

A large grid of graph paper, consisting of 30 columns and 30 rows of small squares, intended for drawing a site or plot plan.