

Application for Building Permit

CARROLLTON TOWNSHIP
1645 Mapleridge Rd
Saginaw MI 48604-1798

Office (989) 754-4611 Inspector (989) 213-9549

PERMIT # _____

Authority:	1972 PA 230
Completion:	Mandatory to obtain permit
Penalty:	Permit cannot 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	
NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH JOB IS LOCATED		COUNTY	ZIP CODE
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township OF: CARROLLTON		SAGINAW	
BETWEEN _____		AND _____	
II. Identification			
A. Owner or Lessee			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
B. Architect or Engineer			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
LICENSE NUMBER		EXPIRATION DATE	
C. Contractor			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
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			
<input type="checkbox"/> 1. NEW BUILDING <input type="checkbox"/> 3. ALTERATION <input type="checkbox"/> 5. DEMOLITION <input type="checkbox"/> 7. FOUNDATION ONLY <input type="checkbox"/> 9. RELOCATION <input type="checkbox"/> 2. ADDITION <input type="checkbox"/> 4. REPAIR <input type="checkbox"/> 6. MOBILE HOME SET-UP <input type="checkbox"/> 8. PREMANUFACTURE <input type="checkbox"/> 10. SPECIAL INSPECTION			
B. Plan Review Required			
<p>Plans must be submitted with an Application for Plan Examination and the appropriate fee before a permit can be issued, except as listed below.</p> <p>Plans are not required for alterations and repair work determined by the building official to be of a minor nature.</p> <p>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.</p> <p>Plan Review Submission No. _____</p>			

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 _____

NON-RESIDENTIAL - 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

17. NUMBER OF STORIES _____ 18. USE GROUP _____ 19. CONSTRUCTION TYPE _____ 20. NO. OF OCCUPANTS _____	21. FLOOR AREA: BASEMENT 1ST & 2ND FLOOR 3RD - 10TH FLOOR 11TH - ABOVE TOTAL AREA	EXISTING _____ _____ _____ _____ _____	ALTERATIONS _____ _____ _____ _____ _____	NEW _____ _____ _____ _____ _____
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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		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
FEDERAL EMPLOYER ID NUMBER (or reason for exemption)			

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				

VIII. Validation - For Department Use Only

USE GROUP _____	BASE FEE _____
TYPE OF CONSTRUCTION _____	NUMBER OF INSPECTIONS _____
SQUARE FEET _____	

APPROVAL SIGNATURE _____

TITLE _____	DATE _____
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IX. Site or Plot Plan - For Applicant Use

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

The Department will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.