

Mailing Address:

ECKFORD TOWNSHIP

21000 F Drive S,
Marshall, Mi.49068

Working together to build a safe &
healthy community for your family
(517)-937-8273

www.eckfordtownshipmi.gov

BUILDING AND PLAN EXAMINATION--PERMIT APPLICATION

Date Submitted:

Property ID:

Administrative Section:

Cash

Inspector Approval:

Issued Permit #

Check#

Receipt#

1. PROJECT INFORMATION

PROJECT NAME

ADDRESS

CITY/VILLAGE/TOWNSHIP

ZIP CODE

BETWEEN CROSS STREETS

and

JOB SITE PHONE NUMBER

2. IDENTIFICATION

A. PROPERTY OWNER OR LESSEE

NAME

ADDRESS

CITY/STATE

ZIP

PHONE#

FAX#

E-MAIL ADDRESS

B. ARCHITECT OR ENGINEER

NAME

ADDRESS

CITY/STATE

ZIP

PHONE#

FAX#

E-MAIL ADDRESS

CELL#

LICENSE#

EXPIRATION DATE

C. CONTRACTOR

NAME

ADDRESS

CITY/STATE

ZIP

PHONE#

FAX#

E-MAIL ADDRESS

CELL#

BUILDING LICENSE#

EXPIRATION DATE

FEDERAL EMPLOYER ID# OR REASON FOR EXEMPTION

WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION

MESC EMPLOYER# OR REASON FOR EXEMPTION

3. TYPE OF IMPROVEMENT AND PLAN REVIEW

A. TYPE OF IMPROVEMENT

TOTAL COST OF IMPROVEMENT\$

NEW BUILDING ALTERATION DEMOLITION 0 FOUNDATION ONLY 0 MOBILE HOME SET-UP

ADDITION REPAIR 0 RELOCATION PREMANUFACTURE SPECIAL INSPECTION

B. REVIEW(S) TO BE PERFORMED

BUILDING ELECTRICAL MECHANICAL PLUMBING 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
 SINGLE FAMILY HOTEL, MOTEL# OF UNITS ___ DETACHED GARAGE
 MULTI-FAMILY NO. OF UNITS: III ATTACHED GARAGE OTHER

B. NON-RESIDENTIAL
 AMUSEMENT SERVICE STATION SCHOOL, LIBRARY, EDUCATIONAL
 CHURCH, RELIGION HOSPITAL, INSTITUTIONAL STORE, MERCANTILE
 INDUSTRIAL OFFICE, BANK, PROFESSIONAL TANKS, TOWERS
 PARKING GARAGE PUBLIC UTILITY¹¹¹ 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.

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V. SELECTED CHARACTERISTICS OF BUILDING

A. PRINCIPAL TYPE OF FRAME
 MASONRY, WALL BEARING WOOD FRAME STRUCTURAL STEEL REINFORCED CONCRETE OTHER

B. PRINCIPAL TYPE OF HEATING FUEL
 GAS OIL ELECTRICITY COAL OTHER

C. TYPE OF SEWAGE DISPOSAL
 PUBLIC SYSTEM SEPTIC SYSTEM COMMUNITY SYSTEM

D. TYPE OF WATER SUPPLY
 PUBLIC OR SYSTEM PRIVATE WELL OR CISTERN COMMUNITY SYSTEM

E. TYPE OF MECHANICAL
 WILL THERE BE AIR CONDITIONING? YES NO
 WILL THERE BE FIRE SUPPRESSION? YES 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	
ADDRESS	CITY	STATE	ZIP CODE
FEDERAL I.D. NUMBER/ SOCIAL SECURITY NUMBER[]			

SECTION 23A OF THE STATE CONSTRUCTION CODE ACT OF 1972, 1972 PA 230, MCL 125.15:BA, 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.

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 GOVENMENTAL 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 _____

BUILDING OFFICIAL'S APPROVAL SIGNATURE _____ DATE _____ NUMBER OF INCLUDED INSPECTIONS _____

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 of graph paper, consisting of approximately 30 columns and 40 rows of small squares, intended for drawing a site or plot plan. The grid is empty and occupies the majority of the page below the instruction box.

THIS IS NOT A PERMIT