

APPLICATION FOR BUILDING PERMIT

AND PLAN EXAMINATION

RETURN COMPLETED FORM TO BUILDING DEPARTMENT

111 GRAND STREET

ALLEGAN, MI 49010

Phone 269-673-3239 or 1-800-626-5964 Fax: 269-673-9583

APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, AND VI.

NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED FOR PLUMBING,
MECHANICAL, AND ELECTRICAL WORK PERMITS

I. PROJECT INFORMATION				
PROJECT NAME		JOB ADDRESS		
CITY	VILLAGE	TOWNSHIP	COUNTY	
BETWEEN		AND		
ESTIMATED PROJECT COST		PROPERTY TAX ID NUMBER		
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"/> MOBILE HOME SET-UP	5. <input type="checkbox"/> SIGN	7. <input type="checkbox"/> DEMOLITION	9. <input type="checkbox"/> RELOCATION
2. <input type="checkbox"/> ALTERATION/REPAIR	4. <input type="checkbox"/> MANUFACTURED HOME	6. <input type="checkbox"/> ADDITION	8. <input type="checkbox"/> FOUNDATION ONLY	10. <input type="checkbox"/> OTHER
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

IV. PROPOSED USE OF BUILDING

A. RESIDENTIAL

- | | | |
|--|---|---|
| 1. <input type="checkbox"/> ONE FAMILY | 3. <input type="checkbox"/> TOWNHOUSE
NO. OF UNITS _____ | 5. <input type="checkbox"/> DETACHED GARAGE |
| 2. <input type="checkbox"/> TWO OR MORE FAMILY
NO. OF UNITS _____ | 4. <input type="checkbox"/> ATTACHED GARAGE | 6. <input type="checkbox"/> OTHER |

B. COMMERCIAL

- | | | |
|---|---|--|
| 7. <input type="checkbox"/> HOTEL/MOTEL | 11. <input type="checkbox"/> SERVICE STATION | 15. <input type="checkbox"/> APARTMENT |
| 8. <input type="checkbox"/> ASSEMBLY | 12. <input type="checkbox"/> HOSPITAL, INSTITUTIONAL | 16. <input type="checkbox"/> STORE, MERCANTILE |
| 9. <input type="checkbox"/> INDUSTRIAL | 13. <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL | 17. <input type="checkbox"/> TANKS, TOWERS |
| 10. <input type="checkbox"/> STORAGE | 14. <input type="checkbox"/> RESTAURANT/BAR | 18. <input type="checkbox"/> OTHER, SIGN |

DESCRIBE IN DETAIL PROPOSED PROJECT AND 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 WIDTH LENGTH HEIGHT

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

G. NUMBER OF OFF STREET PARKING SPACES

22. ENCLOSED _____ 23. OUTDOORS _____

VI. APPLICANT INFORMATION

NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER
EMAIL ADDRESS			

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 of 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 ►

VII. BUILDING DEPARTMENT USE ONLY

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 _____

BUILDING APPLICATION/ZONING

Site Plan: **(Please read carefully and complete).** Use the space below, or on a separate sheet of paper, to draw a diagram showing all of the following items.

1. The dimensions of the lot or acreages. (all sides)
 2. The location, distances to lot lines, of all existing and proposed structures.
 3. The dimensions of all existing and proposed structures.
 4. The distances between all existing structures.
 5. The location of all roads bordering or on the property.
 6. The location of any power and gas lines on property.
 7. The location of any lakes, rivers, streams, or wetland on or near property.
 8. The location of any easements on the property.
 9. A north arrow indicating the direction of north.
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*****Do not write below this line*****

Required setbacks

Front_____ft. Rear_____ft. Side Right._____ft. Side Left_____ft.

Lot width_____ft. Lot Area_____Sq. ft. Living Area_____

Dist. Between bldgs._____ft. Zoning Dist._____

Approved_____ Denied_____

Signature_____ Date_____

Reason Denied_____