

# BUILDING PERMIT APPLICATION

ALL PERMITS EXPIRE IF WORK AUTHORISED IS NOT COMENCED WITHIN 60 DAYS FROM ISSUE

MUST BE SUBMITTED TO RAISIN CHARTER TWP BUILDING DEPT  
 IN PERSON OR BY MAIL TO: 5525 S OCCIDENTAL HWY, TECUMSEH, MI 49286  
 PH: 517-423-3162 FX: 517-423-6732

APPLICANT MUST COMPLETE ALL ITEMS IN SECTION I, II, III, AND IV,  
 F PERMIT IS BEING REQUESTED BY MAIL ENCLOSE A  
 COPY OF CURRENT LICENSE

( CHECK MUNICIPALITY )

- Raisin Twp
- Ridgeway Twp
- Macon Twp
- Village of Britton
- Village of Deerfield

**All checks payable to:  
 Raisin Charter Township**

<b>AUTHORITY:</b> P.A. 230 of 1972 as AMENDED <b>COMPLETION:</b> MANDATORY TO OBTAIN PERMIT <b>PENALTY:</b> APPLICATION MUST BE COMPLETED, SIGNED, PROPER FEE ENCLOSED OR PERMIT WILL NOT BE ISSUED	MUNICIPALITIES WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS
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## I. LOCATION OF BUILDING

ADDRESS:		PROPERTY ID#	
CITY/VILLAGE:	TOWNSHIP	COUNTY	ZIP CODE

## II. IDENTIFICATION

### A. OWNER OR LESEE

NAME			
ADDRESS:			TELEPHONE NO.
LICENSE NO.	CITY	STATE	ZIP CODE

### B. ARCHITECT OR ENGINEER

NAME:			EXPIRATION DATE
ADDRESS			TELEPHONE NO.
CITY	STATE	ZIP CODE:	

### C. CONTRACTOR

NAME:			
ADDRESS			TELEPHONE NO.
BUILDER LICENSE NO.	CITY	STATE	ZIP CODE
FEDERAL EMPLOYEE ID NO. OR REASON FOR EXEMPTION			EXPIRATION DATE
WORKERS COMP. INSURANCE CARRIER OR REASON FOR EXEMPTION			
MISC. EMPLOYER NUMBER OR REASON FOR EXEMPTION			

## III. TYPE OF IMPROVEMENT AND PLAN REVIEW

### A. TYPE OF IMPROVEMENT

NEW BUILDING  
  ALTERATION  
  WRECKING  
  FOUNDATION ONLY  
  RECLOCATION  
  ROOF  
 ADDITION  
  REPAIR  
  MOBILE HOME SET UP  
  PREMANUFACTURE

### B. REVIEW(S) TO BE PERFORMED (COMMERCIAL ONLY)

BUILDING  
  PLUMBING  
  MECHANICAL  
  ELECTRICAL  
  ENERGY

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**IV. PROPOSED USE OF BUILDING****A. TYPE OF IMPROVEMENT**

- ONE FAMILY       HOTEL, MOTEL (NO. OF UNITS \_\_\_\_\_)       DETACHED GARAGE  
 TWO OR MORE FAMILY (NO. OF UNITS \_\_\_\_\_)       ATTACHED GARAGE       OTHER

**B. REVIEW(S) TO BE PERFORMED (COMMERCIAL ONLY)**

- |   |   |   |
|---|---|---|
| <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, MERCHANTILE           |
| <input type="checkbox"/> INDUSTRIAL       | <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL | <input type="checkbox"/> TANKS, TOWERS                |
| <input type="checkbox"/> PARKING GARAGES  | <input type="checkbox"/> PUBLIC UTILITY             | <input type="checkbox"/> OTHER                        |

NONRESIDENTIAL – DESCRIBE IN DETAIL PROPOSED USE OF BUILDING, E.G. FOOD PROCESSING PLANT, MACINE 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**

- 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 OR PRIVATE COMPANY     SEPTIC SYSTEM

**D. TYPE OF WATER SUPPLY**

- PUBLIC OF PRIVATE COMPANY     PRIVATE WELL OR CISTERN

**E. TYPE OF MECHANICAL**

- WILL THERE BE AIR CONDITIONING?     YES     NO    WILL THERE BE AN ELEVATOR     YES     NO

**F. DIMENSIONS**

SQUARE FOOTAGE \_\_\_\_\_    NUMBER OF BEDROOMS \_\_\_\_\_    NUMBER OF BATHROOMS \_\_\_\_\_

**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

TELEPHONE NO.

FEDERAL I.D. #  
SOCIAL SECURITY#

CITY

STATE

ZIP CODE

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 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 OF 1972, ACT. NO 230 OF THE PUBLIC ACTS OF 1972, BEING SECTION 125, 1523A OF THE MICHIGAN COMPILED LAWS, 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.

**A BASE CHARGE IS REQUIRED FOR ALL ITEMS**

**TOTAL PERMIT FEE ENCLOSED:** \_\_\_\_\_

SIGNATURE OF APPLICANT

DATE

**VII. DESCRIPTION OF WORK TO BE DONE IN THIS SECTION**

*(a.) Attach plot plan & drawings, or make a workable sketch on the back of this page.*

**VIII. VALIDATION – FOR DEPARTMENT USE ONLY**

NOTES AND DATA

BUILDING PERMIT NUMBER

ISSUE DATE

APPROVAL SIGNATURE

PERMIT FEE

TITLE