

Clinton Township

172 W. Michigan Ave./ P.O. Box G
Clinton, MI 49236

Phone: 517-456-4837 Fax: 517-456-4608

Email: building@twpofclinton.com



BUILDING PERMIT APPLICATION

PERMIT NO.: _____

RECEIPT NO.: _____

The following will be needed with the application: Residential or Non-residential

1. Copy proof of ownership must accompany the application.

2. PARCEL IDENTIFICATION NUMBER: CL ___ - ___ - ___ - ___

Location of Proposed Building _____ Fee enclosed \$ _____

Between _____ & _____ (cross roads)

a. Owner

i. Name: _____

ii. Street address: _____

iii. City / Post office: _____

iv. ZIP code: _____

v. Telephone Number: _____ Cell Phone: _____

3. The building code requires three (3) sets of plans be submitted with each permit application, a. These plans need dimensions and should be composed, at a minimum, of a plan view and cross-section view which detail all building construction.

NOTE: Building permit applications without the necessary drawings will be returned.

4. A statement regarding the existence of any natural water-ways, streams, or lakes on the property or within 500 feet of the property.

5. Copy of Driveway permits from Lenawee County Road Commission. (If the proposed drive accesses a public road.) Copy of Private Road Maintenance Agreement if on Private Road.

6. Copy Health permits from Lenawee County (If there will be a water supply in the structure)

7. If a contractor is making application, a copy of the signed contract or a letter from the homeowner stating that you are authorized to do this work must accompany this application.

8. Contractor

i. Name: _____

ii. Street address: _____

iii. City / Post office: _____

iv. ZIP code: _____

v. Telephone Number: _____ Cell Phone: _____

vi. Builders License No: _____

(1) Expiration Date: ___/___/20___

vii. Federal Employer ID Number (or reason for exemption): _____

viii. Workers' Comp Insurance Carrier (or reason for exemption): _____

ix. MESC Employer Number (or reason for exemption): _____

NOTE: Building permits become null and void if work is not started within six (6) months, or is suspended or abandoned for a period six (6) months after work is commenced (“abandoned” meaning you haven’t called for an inspection). There will be additional administrative fees if inspections are not requested before the permit expires.

- To Schedule an inspection, please call the Building Inspector, Ed Engle, at 517-456-4837 or 734-657-4343. Please review application and fill in appropriate information. **PRINT LEGIBLY.** If there are any questions call the Township office Monday, Wednesday or Friday between the hours of 9:00 am and 12:00 pm.

NOTES:

- This form is authorized by Public Act #230, as amended.
- Completion of this form is necessary to obtain a building permit.
- This form must be signed and accompanied by the proper fee or a building permit will NOT be issued.
- The Clinton Township Building Department will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status or political beliefs.
- Separate applications must be made to the appropriate division for plumbing, mechanical, and electrical work permits.

9. TYPE OF IMPROVEMENT AND PLAN REVIEW

a. Type of improvement (check one)

- i. New building Addition Alteration Repair Demolition
 Relocation Foundation only Premanufacture Mobile Home Set-up

b. Review(s) to be performed

- i. Building Electrical Mechanical Plumbing

10. PROPOSED USE OF BUILDING

a. Residential

- i. Single family Two or more family --- (number of units planned: _____)
 Attached garage Detached garage Other

b. Non-residential

- i. Amusement Church/religion Industrial Parking Garage
 Service station Hospital, institutional Office, bank, professional
 Public utility School, library, educational Store, mercantile
 Tanks, towers Other _____

NOTE – NON-RESIDENTIAL:

- Describe, in detail, the proposed use of the 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

11. SELECTED CHARACTERISTICS OF PROPOSTED BUILDING

a. Principal type of frame

- i. Masonry, wall bearing Wood frame Structural steel Reinforced concrete Other

b. Principal type of heating

- i. Natural gas Oil Electricity Propane Coal Other (Passive solar, etc.)

c. Type of sewage disposal

- i. Public (or private) sewage treatment Septic system

d. Type of water supply

- i. Public (or private) water company Private well or cistern

e. Type or mechanical

- i. Will there be air-conditioning? YES NO
- ii. Will there be an elevator? YES NO

f. Dimensions

- i. Number of stories _____
- ii. Total land area occupied: _____ sq. ft.
- iii. Floor area
 - (1) 1st & 2nd floor: _____ sq ft.
 - (2) 3rd thru 10th floor: _____ sq ft.
 - (3) 11th & above floors: _____ sq ft.

g. Number of off-street parking spaces (non-residential)

- i. Enclosed: _____
- ii. Outdoors: _____

h. Estimated project costs: \$ _____

NOTES:

- 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 Act of 1972, Act. No. 230 of the Public Acts of 1972, being Section 125.1523A of the Michigan Compiles Laws, prohibits a person from conspiring to circumvent the licensing requirements of the State relating to persons who are to perform work on a residential building or residential structure. VIOLATION OF SECTION 23A ARE SUBJECT TO CIVIL FINES.
- ALL BUILDING PERMITS WILL REQUIRE A PLAN REVIEW.

Signature of Applicant: _____ Date: _____