

FRANKENLUST TOWNSHIP

2401 Delta Road, Bay City, MI 48706-9340

PH (989) 686-5300 FAX (989) 686-5370

BUILDING PERMIT APPLICATION

Applicant to complete numbered spaces only.

All Contractors Must Register with the Township

1. JOB ADDRESS			PARCEL NUMBER		
2. OWNER			PHONE		
3. OWNER'S MAILING ADDRESS			PHONE		
4. CONTRACTOR			PHONE		LICENSE NO.
5. CONTRACTOR'S MAILING ADDRESS					
6. ARCHITECT OR DESIGNER		MAILING ADDRESS		PHONE	
7. ENGINEER		MAILING ADDRESS		PHONE	
8. USE OF BUILDING			9. CLASS OF WORK: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR		
10. DESCRIBE WORK:			11. VALUATION OF WORK: \$		
12a. CHANGE OF USE FROM					
12b. CHANGE OF USE TO					
EMAIL ADDRESS					CHECK #
<u>CONTRACTOR</u>				PLAN CHECK FEE \$	PERMIT FEE \$
NAME		PHONE NO.		TYPE OF CONST.	OCCUPANCY GROUP
ADDRESS				SIZE OF BLDG (SQ FTG)	NO. OF STORIES
CITY		STATE	ZIP CODE	FIRE ZONE	USE ZONE
BUILDERS LICENSE NO.		EXPIRATION DATE		NO. OF DWELLING UNITS	OFF STREET PARKING SPACES COVERED UNCOVERED
FED EMPLOYER ID # OR REASON FOR EXEMPTION		SPECIAL APPROVALS		REQUIRED	RECEIVED
		ZONING PERMIT			
WORKERS COMP INS CARRIER OR REASON FOR EXEMPTION		HEALTH DEPT.			
		FIRE DEPT.			
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION		SOIL REPORT			
		ENGINEERING			
SIGNATURE OF OWNER ↑ OR BUILDER		WATER			
		CROSS CONNECTION			
DATE ↑		SOIL EROSION			
		OTHER (SPECIFY)			
		PLANNING COMM.			

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED. ALL BUILDING PERMIT FEES WILL BE DOUBLED IF WORK IS COMPLETED WITHOUT A PERMIT.

"Section 23a of the State Construction Code Act 1972, Act No. 230 of 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 perform work on a residential building or a residential structure. Violators of section 23a are subjected to civil fines."

SIGNATURE _____ DATE _____
BUILDING INSPECTOR OR AUTHORIZED REPRESENTATIVE

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

PLAN CHECK VALIDATION CK. M.O. CASH PERMIT VALIDATION CK. M.O. CASH
WHITE-Inspector PINK-Applicant GOLDENROD-Temp. File CANARY-Assessor

Reverse Side Must Be Completed.

INSPECTION RECORD

<u>INSPECTION</u>	<u>DATE</u>	<u>INSPECTOR</u>	<u>REMARKS</u>
Foundation			
Framing			
FINAL			

SPECIAL CONDITIONS:

APPLICATION ACCEPTED BY:	PLANS CHECKED BY:	APPROVED FOR ISSUANCE BY:
NOTICE		
<p>THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.</p> <p>I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPILED WITH WHETHER SPECIFIED HEREIN OR NOT, THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.</p>		

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT

DATE

USE SPACE BELOW FOR NOTES, FOLLOW-UP, ETC.
