

Building Inspector:

Les Luptowski

(989) 239-0360

****Payment must be received in
order to process application****

Frankenlust Township

2401 Delta Rd. Bay City, MI 48706

Phone: (989) 686-5300 / Fax: (989) 686-5370

2025 Building Permit Application

Date: _____

Initials: _____

Check #: _____

Amount: \$ _____

Parcel ID: _____

Permit #: _____

Finalized: _____

Project Address:

Owner Information:

Name

Phone #

Email

Contractor Information:

Name

Phone #

Email

Work Description:

Class of Work:

☐ New

☐ Alteration

☐ Addition

☐ Repair

Valuation of COMPLETED Work:

Permit Fee:

Verified By:

**DRIVEWAYS: AN APPROVED PERMIT FROM THE
BAY CO. ROAD COMM. IS REQUIRED PRIOR TO
COMPLETING ANY WORK WITHIN THE BCRC'S
ROAD RIGHT OF WAY!**

Applicant Signature

Date

SPECIAL APPROVALS	REQUIRED	RECEIVED	NOT REQUIRED
ZONING PERMIT			
HEALTH DEPT.			
FIRE DEPT.			
SOIL REPORT			
ENGINEERING			
WATER			
CROSS CONNECTION			
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. CLOSED, CANCELED, AND EXPIRED PERMITS CANNOT BE REFUNDED.

"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."

Zoning Permit Required? ☐ YES ☐ NO

Zoning Permit Approved? ☐ YES ☐ NO

Building Permit Application Approval Date: _ _ _ _ _

Building Inspector Signature

Date

REVERSE SIDE MUST BE SIGNED & DATED

INSPECTION RECORD

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

Additional Remarks:

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.

It is the contractor's responsibility to ensure and verify site eligibility to build on ANY site, paying careful attention to wetlands, flood-ways, flood plains, etc. (going through EGLE) PRIOR to submitting a building permit application and paying any associated fees. The permit fee is non-refundable once submitted.

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.

Applicant Signature

Date

FINAL INSPECTION: ☐ PASS ☐ FAIL

Building Inspector Signature

Date

In the case of a final inspection failing, please describe below what did not pass inspection:
