Clinton Township

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

Phone 517 456-4837

FAX (517) 456-4608

BUILDING PERMIT APPLICATION

The following will be needed with the application: Residential or Nonr

residential	
1. Copy proof of ownership <u>must</u> accompany the application	ion. Receipt N°:
2. PARCEL IDENTIFICATION NUMBER: CL	
Location of Proposed Building	
Between &	
a. Owner	
i. Name:	
ii. Street address:	
iii. City / Post office:	
iv. ZIP code:	.
v. Telephone Number: () Cel	Phone: ()
3. The building code requires three (3) sets of plans be	
submitted with each permit application. a. These plans	NOTE: Building permit applications
need dimensions and should be composed, at a minimu	without the necessary drawings will
of a plan view and cross-section view which detail all	be returned.
building construction.	L
4. A statement regarding the existence of any natural water	er-ways, streams, or lakes on the property of
within <u>500 feet</u> of the property.	ayayaa aaaaay aa aaaa aa aa property o
5. Copy of Driveway permits from Lenawee County Road	1 Commission (If the proposed drive
	`
accesses a public road.) Copy of Private Road Maintar	
6. Copy Health permits from Lenawee County (If there w	* * *
7. If a contractor is making application, a copy of the sign	ed contract or a letter from the homeowner
stating that you are authorized to do this work must acc	company this application.
3. Contractor	
i. Name:	
ii. Street address:	
iii. City / Post office:	
iv. ZIP code:	
v. Telephone Number: ()	Cell Nº: ()
vi. Builders License №:	
(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 of six (6) months after work is commenced ("abandoned" meaning you haven't called for an inspection). There will be an additional administrative fees if inspections are not requested before the permit expires.

• To schedule an inspection, please call the **Building Inspector** at (Raisin Township 517 423-3162 X 1010) Please review application and fill in the appropriate information. **PRINT LEGIBLY.** If there are any questions call the Township office on Monday, Wednesday, or Friday between the hours of 9:00 a.m. and 12:00 noon.

NOTES:

- This form is authorized by Public Act #230, as amended.
- Completion of this form is <u>necessary</u> 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 H	ome Set-up	
	b.	Rev	view(s) to be perform	med				
		i.	☐ Building	□ Electrical □	Mechanical	Plumbing		
10.	. PROPOSED USE OF BUILDING							
	a. Residential							
		i.	☐ Single family	amily Two or more family — (Number of units planned:)				
			☐ Attached garage	☐ Detached garage	☐ Other			
	b. Non-residential							
		i.	☐ Amusement	☐ Church / religion	\square Industrial	☐ Parking §	garage	
			☐ Service station	☐ Hospital, institution	onal Office, bank,	professional		
			☐ Public utility	☐ School, library, educational		☐ Store, merc antile		
			☐ Tanks, towers	Other				
N	OTE	– N	ON-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.	1. SELECTED CHARACTERISTICS OF PROPOSED 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.	☐ Septic sy	stem					
	d.	Type of water supply	_						
		i.	☐ Private well or cistern						
	e. Type of 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) 1 st & 2 nd floor:							
		(2) 3 rd thru 10 th floor:							
		(3) 11 th & above floors:	sq.ft.						
g. Number of off-street parking spaces (non-residential)									
		i. Enclosed:							
		ii. Outdoors:							
	h.	Estimated project costs: \$							
١	ТОГ	ES:							
•	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								
Ι.	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 Compile							
	licensing requirements of this State relating to persons who are to perform work on a residential building								
	or a residential structure. VIOLATION OF SECTION 23A ARE SUBJECT TO CIVIL FINES. • ALL BUILDING PERMITS WILL REQUIRE A PLAN REVIEW.								
L.	,	ALL BUILDING PERIVITS WILL REQUIRE A P	PLAN REVIE	.vv.					
Signature of Applicant:				Date					