## 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 Non-

|    |  | ing will be needed with the application. Residential of                               | Permit N°.:                             |  |  |  |  |
|----|--|---|---|--|--|--|--|
|    | idential   |   | ***                                     |  |  |  |  |
| 1. | Сору р   | proof of ownership must accompany the application.                                    | Receipt N°:                             |  |  |  |  |
| 2. | PARCEI   | LIDENTIFICATION NUMBER: CL  | ••• • • • • • • • • • • • • • • • • •   |  |  |  |  |
|    |  | of Proposed Building  |   |  |  |  |  |
| ٠  | Between  | &&  | (cross roads)                           |  |  |  |  |
|    | a. Own-  | er  |   |  |  |  |  |
|    | i.   | Name:   |   |  |  |  |  |
|    | ii.  | Street address:   |   |  |  |  |  |
|    | iii.   | City / Post office:   |   |  |  |  |  |
|    | iv.  | ZIP cod e:  |   |  |  |  |  |
| _  | v.   | Telephone Number: () Cell Phone   | :: (                                    |  |  |  |  |
| 3. | The bu   | ilding code requires three (3) sets of plans be                                       |   |  |  |  |  |
|    | submit   | ted with each permit application. a. These plans                                      | NOTE: Building permit applications      |  |  |  |  |
|    | need di  | imensions and should be composed, at a minimum,                                       | without the necessary drawings will     |  |  |  |  |
|    | of a pla   | an view and cross-section view which detail all                                       | be returned.                            |  |  |  |  |
|    | _  | g construction.   |   |  |  |  |  |
| 4. |  | ment regarding the existence of any natural water-way                                 | a atraoma or lakes on the number of     |  |  |  |  |
| Τ, |  |   | s, streams, or takes on the property or |  |  |  |  |
|    |  | 500 feet of the property.   |   |  |  |  |  |
| 5. | Copy of Driveway permits from Lenawee County Road Commission. (If the proposed drive |   |   |  |  |  |  |
|    | accesse  | es a public road.) Copy of Private Road Maintance Ag                                  | reement if on Private Road.             |  |  |  |  |
| õ. | Сору Н   | Health permits from Lenawee County (If there will be a water supply in the structure) |   |  |  |  |  |
| 1. |  | ntractor is making application, a copy of the signed con                              |   |  |  |  |  |
|    |  |   |   |  |  |  |  |
| ı  |  | that you are authorized to do this work must accompan                                 | this application.                       |  |  |  |  |
| 3. | Contract   |   | ·                                       |  |  |  |  |
|    | i.<br>ii.  | Name: Street address:   |   |  |  |  |  |
|    | iii.   | City / Post office:   |   |  |  |  |  |
|    | iv.  | ZIP code:   |   |  |  |  |  |
|    | ν,   | Telephone Number: ()  | Cell Nº: ()                             |  |  |  |  |
|    | vi.  | Builders License Nº:  |   |  |  |  |  |
|    | (1)  | Expiration Date://20  | <del></del>                             |  |  |  |  |
|    | 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, is suspended or abandoned for a period of six (6) months after work is commenced (" <u>abandoned</u> " meaning you haven't called for an inspection). There will be an <u>additional</u> administrative fees if inspections are not requested before the permit exp   |
|---|---|
| To sched  | ule an inspection, please call the <b>Building Inspector</b> at (Ed Engle 517-456-4837 or   |
| _   | Please review application and fill in the appropriate information. PRINT LEGIBLY  |
|   | 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.  |
| <ul><li>Completion</li><li>This form</li><li>The Clinton</li><li>Inational or</li></ul> | is authorized by Public Act #230, as amended.<br>n of this form is <u>necessary</u> to obtain a building permit.<br>must be signed and accompanied by the proper fee or a building permit will <u>NOT</u> be issued.<br>In Township Building Department will not discriminate against any individual or group because of race, sex, religion, age<br>Figin, color, marital status or political beliefs. In poplications must be made to the appropriate division for plumbing, mechanical, and electrical work permits. |
|   | фрискования   |
|   |   |
|   | PROVEMENT AND PLAN REVIEW   |
|   | improvement (check one)   |
| F 1 3   | t 1 11 11 Li A 3 31.21 Li A Manadalana (   1 1) annoin ( ) Domo libito et   |
|   | Tew building ☐ Addition ☐ Alteration ☐ Repair ☐ Demolition  |
| '⊡ R  | elocation   |
| '⊡ R<br>b. <b>Review</b> (  | elocation   |
| '□ R<br>b. Review(<br>i. □ B  | elocation   |
| '□ R<br>b. Review(<br>i. □ B  | elocation   |
| b. Review( i. □ B PROPOSED a. Resident i. □ S   | elocation   |
| b. Review( i. □ B PROPOSED a. Resident i. □ S □ A b. Non-resi                           | elocation   |
| b. Review( i. □ B PROPOSED a. Resident i. □ S □ A b. Non-resi                           | elocation   |
| b. Review( i. □ B PROPOSED a. Resident i. □ S □ A b. Non-resi i. □ A                    | elocation   |
| b. Review( i. □ B PROPOSED a. Resident i. □ S □ A b. Non-resi i. □ A □ S □ P            | elocation   |

| 11. SELECTED CHARACTERISTICS OF PROPOSED BUILDING  |  |                     |  |           |   |  |  |  |  |              |  |
|--|--|---------------------|--|-----------|---|--|--|--|--|--------------|--|
| a.   | Principal type of fram   | e                   |  |           | ,   |  |  |  |  |              |  |
|  | i.   Masonry, wall be  | earing   Wood frame | ☐ Structura                            | İsteel    | ☐ Reinforced concrete ☐ Other                 |  |  |  |  |              |  |
| b.   | Principal type of heath  | ng                  |  |           |   |  |  |  |  |              |  |
|  | i. 🗆 Natural gas 🗆   | Oil Electricity     | ☐ Propane                              | ☐ Coal    | Other (Passive solar, etc.)                   |  |  |  |  |              |  |
| c.   | Type of sewage disposa   | al                  | Ţ                                      |           | , ,   |  |  |  |  |              |  |
|  | i. Dublic (or private  | ☐ Septic system     |  |           |   |  |  |  |  |              |  |
| d.   |  |                     |  |           |   |  |  |  |  |              |  |
|  | i.  Public (or private) water company  Private well or cistern   |                     |  |           |   |  |  |  |  |              |  |
| e.   |  |                     |  |           |   |  |  |  |  |              |  |
|  | i. Will there be air-conditioning?   YES   NO  |                     |  |           |   |  |  |  |  |              |  |
|  | ii. Will there be an elevator?   |                     |  |           |   |  |  |  |  |              |  |
| f.   |  |                     |  |           |   |  |  |  |  |              |  |
|  | i. Number of stories   |                     |  |           |   |  |  |  |  |              |  |
|  | ii. Total land area occu   | ı pied:             | sq.ft.                                 |           |   |  |  |  |  |              |  |
|  | iii. Floor area  |                     |  |           |   |  |  |  |  |              |  |
|  | (1) 1 <sup>st</sup> & 2 <sup>nd</sup> floor:   |                     | sq.ft.                                 |           |   |  |  |  |  |              |  |
|  | (2) 3 <sup>rd</sup> thru 10 <sup>th</sup> floo   | or:                 | sq .ft.                                |           |   |  |  |  |  |              |  |
| (3) 11 <sup>th</sup> & above floors: sq.ft. g. Number of off-street parking spaces (non-residential) |  |                     |  |           |   |  |  |  |  |              |  |
|  |  |                     |  |           |   |  |  |  |  | i. Enclosed: |  |
|  | ii. Outdoors:  |                     |  |           |   |  |  |  |  |              |  |
| h.   | Estimated project costs  | s: \$               |  |           |   |  |  |  |  |              |  |
|  | •  |                     |  |           |   |  |  |  |  |              |  |
|  |  |                     |  |           |   |  |  |  |  |              |  |
| ТОИ  | ES:  |                     |  |           | ,   |  |  |  |  |              |  |
|  |  |                     |  |           | er of record and that I have been authorized  |  |  |  |  |              |  |
|  |  |                     | authorized                             | agent, ar | nd we agree to conform to all applicable laws |  |  |  |  |              |  |
| ı  | of the State of Michigar<br>All information submitt  |                     | is accurate                            | to the h  | est of my knowledge                           |  |  |  |  |              |  |
|  |  |                     |  |           | . 230 of the Public Acts of 1972, being       |  |  |  |  |              |  |
| ;  | Section 125.1523A of t   | he Michigan Compile | d Laws, pro                            | hibits a  | person from conspiring to circumvent the      |  |  |  |  |              |  |
| 4 '  |  |                     | ,                                      |           | 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. |                     |  |           |   |  |  |  |  |              |  |
|  | TEL BOILDING I LINVIII   | O WILL HEADINE AT   | LAN BLVIC                              | v v .     |   |  |  |  |  |              |  |
|  |  |                     |  |           |   |  |  |  |  |              |  |
| Signature of Applicant:  |  |                     |  |           |   |  |  |  |  |              |  |
|  |  |                     |  |           |   |  |  |  |  |              |  |
|  |  |                     |  |           |   |  |  |  |  |              |  |
|  | **************************************   | . 1049 40744-4      | ************************************** |           |   |  |  |  |  |              |  |
|  |  |                     |  |           |   |  |  |  |  |              |  |