



FORT GRATIOT CHARTER TOWNSHIP
3720 KEEWAHDIN RD ~ FORT GRATIOT, MI 48059
(810) 385-4489, EXT. 1112
BUILDING PERMIT APPLICATION

AUTHORITY: P.A. 230 OF 1972, AS AMENDED
COMPLETION: MANDATORY TO OBTAIN PERMIT
PENALTY: PERMIT NOT ISSUED

Applicant to complete ALL items in Sections I, II, III, IV, V, VI, VII, VIII and IX.
Faxed or incomplete applications or applications completed in pencil will not be accepted.

NOTE: Separate applications MUST be completed for Electrical, Mechanical and Plumbing work permits.

I. PROJECT INFORMATION

Street Address:	Parcel Number: 74-20-
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II. IDENTIFICATION

A. OWNER OR LESSEE (Please check one)

Name:		Address:		
City:	State:	Zip Code:	Phone Number(s):	Fax Number:

B. ARCHITECT OR ENGINEER (Please check one)

Firm / Company Name:		Address:		
City:	State:	Zip Code:	Phone Number(s):	Fax Number:
Email address:		License Number:	License Expiration Date:	

C. CONTRACTOR

Name:		Address:		
City:	State:	Zip Code:	Phone Number(s):	Fax Number:
Builders License Number:		License Expiration Date:	Federal ID Number or reason for exemption:	
Workers Comp Insurance Carrier or reason for exemption:			MESCC Employer Number or reason for exemption:	

III. APPLICANT INFORMATION

Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information:

Name:		Address:		
City:	State:	Zip Code:	Phone Number(s):	Email address:

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/HER 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. BY SIGNING, PERMISSION TO ENTER PROPERTY IS GRANTED TO ANY TOWNSHIP REPRESENTATIVE FOR THE PURPOSES OF GATHERING/VERIFYING INFORMATION RELATED TO THIS APPLICATION.

Section 23a of the State Construction Code Act 1972, 1972 PA 230, MCL 125.1523A, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violations of Section 23a are subject to civil fines.

SIGNATURE OF APPLICANT:	DATE:
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IV. TYPE OF IMPROVEMENT AND PLAN REVIEW**A. TYPE OF IMPROVEMENT**

1. New Building 2. Alteration 3. Demolition 4. Foundation Only 5. Relocation 6. Addition
 7. Repair 8. Mobile Home Set Up 9. Pre-manufacture 10. Special Inspection 11. Sign

B. PLAN REVIEW REQUIRED

Plans and specifications are required and shall be prepared by or under the direct supervision of an architect or engineer licensed pursuant to 1980 PA 299 and shall bear that architect's or engineer's seal and signature.

V. PROPOSED USE OF BUILDING**A. RESIDENTIAL**

1. Single Family 2. Two Family 3. Multiple Family (3 units or more) 4. Hotel/Motel (No. of Units _____)
 5. Attached Garage 6. Detached Garage 7. *Any Change in Use 8. Other:

B. NON-RESIDENTIAL

1. School, Library, Educational 2. Store, Mercantile 3. Tanks, Towers 4. Parking Garage
 5. Service Station 6. Hospital, Institution 7. Office, Bank, Professional 8. Public Utility 9. Amusement
 10. Church, Religion 11. Industrial 12. *Any Change in Use 13. Other:

C. SCOPE OF WORK / USE DESCRIPTION

1. Scope of work / Description of Use:

2. *Change in Use description (Complete if "Any Change in Use" was checked above):

D. ADDITIONAL PERMITS REQUIRED (PRIOR TO BUILDING PERMIT APPROVAL)

1. MDEQ: a. High Risk Soil Erosion b. Air Quality Abatement
 2. MDOT
 3. SCC Road Commission: a. Driveway Permit b. Soil Erosion
 4. SCC Health Department: a. Well Permit b. Septic Permit c. Food Establishment
 5. SCC Drain Commission: a. Retention/Detention, Storm Water Discharge
 6. Other:

VI. SELECTED CHARACTERISTICS OF BUILDING**A. PRINCIPAL TYPE OF FRAME**

1. Masonry, Wall Bearing 2. Wood 3. Structural Steel 4. Reinforced Concrete 5. Other:

B. PRINCIPAL TYPE OF HEATING FUEL

1. Gas 2. Oil 3. Electric 4. Coal 5. Other:

C. TYPE OF SEWAGE DISPOSAL

1. Public or Private Company 2. Septic System

D. TYPE OF WATER SUPPLY

1. Public or Private Company 2. Well

E. TYPE OF MECHANICAL

1. Will there be: Air Conditioning? Fire Suppression? Fireplace? Flue Sizes: ___x___x___ Type: Clay
 Metal

F. DIMENSIONS / DATA

1. Number of Stories: _____ 2. Use Group: _____ 3. Const. Type: _____ 4. Number of Occupants: _____
 5. TOTAL BUILDING HEIGHT: _____ 6. HEIGHT PER ORDINANCE CALCULATION (*office use*): _____
Floor Area: 1. Basement: _____ 2. 1st Floor: _____ 3. 2nd Floor: _____ 4. 3rd – 5th Floor: _____
 5. Size of Addition or Structure: _____ 6. Living Area (sq. ft): _____ 7. Garage Area (sq. ft): _____
 8. Office/Sales Area (sq. ft): _____ 9. Service Area (sq. ft): _____ 10. TOTAL AREA: _____
Room Detail: 1. Number of Bedrooms: _____ 2. Number of Full Baths: _____ 3. Number of Partial Baths: _____
Basement Detail: Full Basement Partial Basement Split Level Finished No Basement

X. APPLICATION REVIEWS AND APPROVAL

A. ZONING REVIEW / APPROVAL

Use Zone:	Flood Zone & Map Panel:	Lot Area:	Lot Frontage:	Lot Depth:
ZBA/Planning Commission Hearing Date:		Hearing Comments:		
Remarks:				
<input type="checkbox"/> Rejected	Date:	Reviewed by:	<input type="checkbox"/> Zoning Administrator	
<input type="checkbox"/> Approved	Date:		<input type="checkbox"/> Other:	

B. ASSESSING REVIEW / APPROVAL

Remarks:				
<input type="checkbox"/> Rejected	Date:	Reviewed by:	<input type="checkbox"/> Assessor	
<input type="checkbox"/> Approved	Date:		<input type="checkbox"/> Other:	

C. DEPARTMENT OF PUBLIC WORKS REVIEW / APPROVAL

Sewer Available:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Water Tap: Size:	_____	Water Meter: Size:	_____
Water Available:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Material:	_____	# of Meters:	_____
Issued by:	Date:			Sewer Tap Fee + Inspection	\$
Special Comments:				Water Tap Fee	\$
				Water Meter Fee + Template	\$
				Additional Template (if applicable)	\$
				Construction Water Fee (90 days)	\$
				Other (see "Special Comments"):	\$
				TOTAL WATER/SEWER FEES	\$

D. FIRE DEPARTMENT REVIEW / APPROVAL

Remarks:				
<input type="checkbox"/> Rejected	Date:	Reviewed by:	<input type="checkbox"/> Fire Chief	
<input type="checkbox"/> Approved	Date:		<input type="checkbox"/> Other:	

E. BUILDING DEPARTMENT REVIEW / APPROVAL

Special Information / Details:				
<input type="checkbox"/> Rejected	Date:	Reviewed by:	<input type="checkbox"/> Building Official	
<input type="checkbox"/> Approved	Date:		<input type="checkbox"/> Other:	

FEE DESCRIPTIONS	FEE TOTALS
Building Permit Fee	\$
Plan Review Fee	\$
Water / Sewer Fees	\$
Addressing Fee	\$
	\$
TOTAL DUE UPON ISSUANCE	\$

PERMIT NUMBER:	PB18-
ISSUE DATE:	

PAYMENT VALIDATION	

RECEIPT # _____ CREDIT CARD: MC VISA DISCOVER CASH CHECK CHECK NUMBER: _____