



<b>IMPORTANT- Applicant to complete all items in sections I, II, III, IV, V, and VI.</b>			
<b>I. LOCATION OF BUILDING</b>			
Address: _____			
City/Village: _____		Township: _____	Zip Code: _____
Between _____		And _____	
<b>II. TYPE OF IMPROVEMENT</b>		<input type="checkbox"/> <b>CHECK IF PROJECT IS WITHIN 500' OF LAKE OR STREAM</b>	
<input type="checkbox"/> 1. New Building <input type="checkbox"/> 2. Addition <input type="checkbox"/> 3. Alteration	<input type="checkbox"/> 4. Repair <input type="checkbox"/> 5. Wrecking <input type="checkbox"/> 6. Mobile Home Set-Up	<input type="checkbox"/> 7. Foundation Only <input type="checkbox"/> 8. Premanufacture <input type="checkbox"/> 9. Relocation	
<b>III. PROPOSED USE OF BUILDING</b>			
<b>A. RESIDENTIAL</b>			
<input type="checkbox"/> 10. One Family <input type="checkbox"/> 11. Two or More Family (no. of units _____)	<input type="checkbox"/> 12. Hotel, Motel (no. of units _____) <input type="checkbox"/> 13. Attached Garage	<input type="checkbox"/> 14. Detached Garage <input type="checkbox"/> 15. Other _____	
<b>B. NON-RESIDENTIAL</b>			
<input type="checkbox"/> 16. Amusement <input type="checkbox"/> 17. Church, Religious <input type="checkbox"/> 18. Industrial <input type="checkbox"/> 19. Parking Garage	<input type="checkbox"/> 20. Service Station <input type="checkbox"/> 21. Hospital, Institutional <input type="checkbox"/> 22. Office, Bank, Professional <input type="checkbox"/> 23. Public Utility	<input type="checkbox"/> 24. School, Library, Educational <input type="checkbox"/> 25. Store, Mercantile <input type="checkbox"/> 26. Tanks, Towers <input type="checkbox"/> 27. Other	
<b>NON-RESIDENTIAL-</b> Describe in detail 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.			
_____ _____			
<b>IV. SELECTED CHARACTERISTICS OF BUILDING</b>			
<b>A. PRINCIPLE TYPE OF FRAME</b>		<b>B. PRINCIPLE TYPE OF HEATING FUEL</b>	<b>C. TYPE OF SEWAGE DISPOSAL</b>
<input type="checkbox"/> 28. Masonry (wall bearing) <input type="checkbox"/> 29. Wood Frame <input type="checkbox"/> 30. Structural Steel <input type="checkbox"/> 31. Reinforced Concrete <input type="checkbox"/> 32. Other-Specify: _____ _____		<input type="checkbox"/> 33. Gas <input type="checkbox"/> 34. Oil <input type="checkbox"/> 35. Electricity <input type="checkbox"/> 36. Coal <input type="checkbox"/> 37. Other-Specify: _____ _____	<input type="checkbox"/> 38. Public or Private <input type="checkbox"/> 39. Private (septic tank, etc.)
			<b>D. TYPE OF WATER SUPPLY</b>
			<input type="checkbox"/> 40. Public or private company <input type="checkbox"/> 41. Private (well, cistern)
<b>E. TYPE OF FOUNDATION</b> 42. ____ Slab    43. ____ Piers    44. ____ Crawl Space    45. ____ Basement			
<b>F. DIMENSIONS</b>		<b>G. NUMBER OF PARKING SPACES</b>	<b>H. RESIDENTIAL BUILDINGS ONLY</b>
46. Number of stories _____		49. Enclosed _____	51. Number of bedrooms _____
47. Total square feet of finished floor area, all floors _____		50. Outdoors _____	52. Number of bathrooms
48. Total land use area, sq ft _____			Partial _____
			Full _____

<b>V. IDENTIFICATION</b>		
<b><u>A. OWNER OR LESSEE NAME</u></b>	TELEPHONE NUMBER	
	CELL PHONE NUMBER	
ADDRESS	EMAIL	
CITY	STATE & ZIP CODE	
<b><u>B. ARCHITECT OR ENGINEER NAME</u></b>	TELEPHONE NUMBER	
	CELL PHONE NUMBER	
ADDRESS	EMAIL	
CITY, STATE, ZIP	LICENSE # & EXP.	
<b><u>C. CONTRACTOR NAME</u></b>	TELEPHONE NUMBER	
	CELL PHONE NUMBER	
ADDRESS	EMAIL	
CITY	STATE	ZIP CODE
BUILDERS LICENSE #	EXPIRATION DATE	
FEDERAL EMPLOYER ID # OR REASON FOR EXEMPTION		
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION		
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION		
<b>VI. APPLICANT INFORMATION: APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THE APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION.</b>		
NAME	TELEPHONE NUMBER	
ADDRESS	CELL PHONE NUMBER	
CITY	STATE & ZIP CODE	
EMAIL ADDRESS	Preferred method of contact for plan reviews _____	
FEDERAL EMPLOYER I.D. # (or reason for exemption)		
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 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.		
Section 23a of the State Construction Code Act of 1972, Act No. 230 of the Public Acts of 1972, being Section 125.1253a of the Michigan Compiled laws, 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. Violators of Section 23a are subject to civil fines.		
<b><u>APPLICANT SIGNATURE:</u></b>		<b><u>APPLICATION DATE</u></b>
<b><u>PRINT APPLICANT NAME:</u></b>		
***remodels only – cost of project:		
NOTES – FOR DEPARTMENT USE		