

APPLICATION FOR BUILDING PERMIT AND EXAMINATION

RETURN COMPLETED FORM TO:

**BUILDING DEPARTMENT
111 GRAND STREET
ALLEGAN, MI 49010**

PHONE: 269-673-3239 or 1-800-626-5964

**APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, V and VI
NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED FOR PLUMBING,
MECHANICAL, AND ELECTRICAL WORK PERMITS**

1. PROJECT INFORMATION				
PROJECT NAME		ADDRESS		
CITY	VILLAGE	TOWNSHIP	COUNTY	ZIP CODE
BETWEEN		AND		
ESTIMATED PROJECT COST		PROPERTY TAX ID NUMBER		
A. OWNER OR LESSEE				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
B. ARCHITECT OR ENGINEER				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
LICENCE NUMBER				
C. CONTRACTOR				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
BUILDERS LICENSE NUMBER				
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION				
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXWEMPTION				
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION				
III. TYPE OF IMPROVEMENT AND PLAN REVIEW				
A. TYPE OF IMPROVEMENT				
1. <input type="checkbox"/> NEW BUILDING	3. <input type="checkbox"/> ALTERATION	5. <input type="checkbox"/> DEMOLITION	7. <input type="checkbox"/> FOUNDATION ONLY	9. <input type="checkbox"/> RELOCATION
2. <input type="checkbox"/> ADDITION	4. <input type="checkbox"/> REPAIR	6. <input type="checkbox"/> MOBILE HOME SET-UP	8. <input type="checkbox"/> PREMANUFACTURE	10. <input type="checkbox"/> SPECIAL INSPECTION
B. REVIEW(S) TO BE PERFORMED				
<input type="checkbox"/> BUILDING	<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> PLUMBING	<input type="checkbox"/> FOUNDATION

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

1. ONE FAMILY
2. TWO OR MORE FAMILY
NO. OF UNITS _____
3. HOTEL, MOTEL
NO. OF UNITS _____
4. ATTACHED GARAGE
5. DETACHED GARAGE
6. OTHER

B. NON-RESIDENTIAL

7. AMUSEMENT
8. CHURCH, RELIGION
9. INDUSTRIAL
10. PARKING GARAGE
11. SERVICE STATION
12. HOSPITAL, INSTITUTIONAL
13. OFFICE, BANK, PROFESSIONAL
14. PUBLIC UTILITY
15. SCHOOL, LIBRARY, EDUCATIONAL
16. STORE, MERCANTILE
17. TANKS, TOWERS
18. OTHER

NONRESIDENTIAL-DESCRIBE IN DETAIL PROPOSED USE OF 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.

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

1. MASONRY, WALL BEARING
2. WOOD FRAME
3. STRUCTURAL STEEL
4. REINFORCED CONCRETE
5. OTHER

B. PRINCIPAL TYPE OF HEATING FUEL

6. GAS
7. OIL
8. ELECTRICITY
9. COAL
10. OTHER

C. TYPE OF SEWAGE DISPOSAL

11. PUBLIC OR PRIVATE COMPANY
12. SEPTIC SYSTEM

D. TYPE OF WATER SUPPLY

13. PUBLIC OR PRIVATE COMPANY
14. PRIVATE WELL OR CISTERN

E. TYPE OF WATER SUPPLY

15. WILL THERE BE AIR ACONDITIONING? YES NO
16. WILL THERE BE FIRE SUPPRESSION? YES NO

F. DIMENSIONS/DATA

	EXISTING	ALTERATIONS	NEW
17. NUMBER OF STORIES _____			
18. USE GROUP _____			
19. CONST TYPE _____			
20. NO. OF OCCUPANTS _____			
21. FLOOR AREA			
	BASEMENT	_____	_____
	1ST & 2ND FLOOR	_____	_____
	3RD – 10TH FLOOR	_____	_____
	11TH – ABOVE	_____	_____
	TOTAL AREA	_____	_____

G. NUMBER OF OFF STREET PARKING SPACES

22. ENCLOSED _____
23. OUTDOORS _____

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION.

NAME		TELEPHONE NO.	
ADDRESS	CITY	STATE	ZIP CODE
FEDERAL I.D. NUMBER/SOCIAL SECURITY NUMBER			

VI. 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.

Section 23a of the state construction code act of 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. Violators of section 23a are subjected to civil fines.

SIGNATURE OF APPLICANT

PLAN REVIEW FEE ENCLOSED

BUILDING PERMIT FEE ENCLOSED

VII. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION

ENVIRONMENTAL CONTROL APPROVALS

	REQUIRED	APROVED	DATE	NUMBER	BY
A – ZONING	<input type="checkbox"/> YES <input type="checkbox"/> NO				
B – FIRE DISTICT	<input type="checkbox"/> YES <input type="checkbox"/> NO				
C – POLLUTION CONTROL	<input type="checkbox"/> YES <input type="checkbox"/> NO				
D – NOISE CONTROL	<input type="checkbox"/> YES <input type="checkbox"/> NO				
E – SOIL EROSION	<input type="checkbox"/> YES <input type="checkbox"/> NO				
F – FLOOD ZONE	<input type="checkbox"/> YES <input type="checkbox"/> NO				
G – WATER SUPPLY	<input type="checkbox"/> YES <input type="checkbox"/> NO				
H – SEPTIC SYSTEM	<input type="checkbox"/> YES <input type="checkbox"/> NO				
I – VARIANCE GRANTED	<input type="checkbox"/> YES <input type="checkbox"/> NO				
J - OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO				

VII. VALIDATION – FOR DEPARTMENT USE ONLY

USE GROUP _____	BASE FEE _____
TYPE OF CONSTRUCTION _____	NUMBER OF INSPECTIONS _____
SQUARE FEET _____	

APPROVAL SIGNATURE

TITLE

DATE

BUILDING APPLICATION / ZONING

Site Plan: (Please read carefully and complete). Use the space below, or on a separate sheet of paper, to draw a diagram showing all of the following items.

1. The dimensions of the lot or acreage. (all sides)
 2. The location, distances to lot lines, of all existing and proposed structures.
 3. The dimensions of all existing and proposed structures.
 4. The distances between all existing structures.
 5. The location of all roads bordering or on the property.
 6. The location of any power and gas lines on property.
 7. The location of any lakes, rivers, streams, or wetlands on or near the property.
 8. The location of any easements on the property.
 9. A north arrow indicating the direction of north.
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*****Do not write below this line*****

Required setbacks

Front _____ ft. Rear _____ ft. Side RT. _____

Left _____

Lot width _____ ft. Lot area _____ sq. ft. Living Area _____

Dist. Between bldgs. _____ ft. Zoning Dist. _____

Approved _____ Denied _____

Signature _____ Date _____

Reason Denied _____