

# APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

Building Department  
 111 Grand Street  
 Allegan, MI 49010  
 (269) 673-3239 1-800-626-5964  
 Fax: (269) 673-9583

City of Village of Douglas  
 86 West Center Street  
 Douglas, MI 49406  
 (269) 857-1438  
 Fax: (269) 857-4751

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

The Village of Douglas will not discriminate against any individual or group because of race, sex, sexual preference, religion, age, national origin, color, marital status, handicap or political beliefs.

**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**

<b>1. PROJECT INFORMATION</b>				
PROJECT NAME		ADDRESS		
CITY	VILLAGE	TOWNSHIP	COUNTY	ZIP CODE
BETWEEN		AND		
<b>II. IDENTIFICATION</b>				
<b>A. OWNER OR LESSEE</b>				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
<b>B. ARCHITECT OR ENGINEER</b>				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
LICENCE NUMBER				
<b>C. CONTRACTOR</b>				
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				
<b>III. TYPE OF IMPROVEMENT AND PLAN REVIEW</b>				
<b>A. TYPE OF IMPROVEMENT</b>				
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>B. REVIEW(S) TO BE PERFORMED</b>				
<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

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

BULIDING 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