

Springport Township

APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION RESIDENTIAL

Date: _____

Permit Number: _____

OWNER

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Telephone Number: _____

Location of Building: _____

CONTRACTOR

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Telephone Number: _____

Builders License Number: _____ Expiration Date: _____

MESC Employer Number: _____ Federal Employer ID Number: _____

Workers Comp Insurance Carrier: _____

ARCHITECT OR ENGINEER

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Telephone Number: _____

License Number: _____ Expiration Date: _____

TYPE OF IMPROVEMENT

- | | | | | |
|---------------------------------------|-------------------------------------|--|--|-------------------------------------|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Alteration | <input type="checkbox"/> Wrecking | <input type="checkbox"/> Foundation Only | <input type="checkbox"/> Relocation |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Repair | <input type="checkbox"/> Mobile Home Setup | <input type="checkbox"/> Premanufacture | |

REVIEW(S) TO BE PERFORMED

- | | | | | |
|-----------------------------------|-----------------------------------|-------------------------------------|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Building | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Electrical | <input type="checkbox"/> Energy |
|-----------------------------------|-----------------------------------|-------------------------------------|-------------------------------------|---------------------------------|

WRECKING - LIST TYPE OF BUILDING AND REASON:

CHARACTERISTICS OF BUILDING

Dimensions: _____ Number of Stories: _____

Floor Area: 1 St & 2 Nd _____ 3 Rd & Above _____ Total Area _____

Type of Frame:

- | | | | | |
|---------------------------------------|-------------------------------------|---|--|--------------------------------|
| <input type="checkbox"/> Masonry Wall | <input type="checkbox"/> Wood Frame | <input type="checkbox"/> Structural Steel | <input type="checkbox"/> Reinforced Concrete | <input type="checkbox"/> Other |
| Bearing | | | | |

Type Of Heating Fuel: ☐ Gas ☐ Oil ☐ Electricity ☐ Coal ☐ Other

Type Of Sewage Disposal: ☐ Public or Private Company ☐ Septic System

Type Of Water Supply: ☐ Public or Private Company ☐ Private Well

Type Of Mechanical: Air Conditioning ☐ Yes ☐ No

APPLICANT: ☐ Contractor

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 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.

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Telephone Number: _____

Signature of Contractor: _____ Date: _____

Signature of Owner: _____ Date: _____

David Brown
517-740-0255

\$45.00

Phone # of Applicant

Zoning
APPLICATION FOR
PLAN EXAMINATION AND
BUILDING PERMIT

IMPORTANT - Applicant to complete all items in sections: I, II, III, IV, and IX.

I. LOCATION OF BUILDING

AT (LOCATION) _____ (NO.) _____ (STREET) _____ ZONING DISTRICT _____
BETWEEN _____ (CROSS STREET) _____ AND _____ (CROSS STREET) _____
SUBDIVISION _____ LOT _____ BLOCK _____ LOT SIZE _____

II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D

A. TYPE OF IMPROVEMENT

- 1 ☐ New building
2 ☐ Addition (If residential, enter number of new housing units added, if any, in Part D, 13)
3 ☐ Alteration (See 2 above)
4 ☐ Repair, replacement
5 ☐ Wrecking (If multi-family residential, enter number of units in building in Part D, 13)
6 ☐ Moving (relocation)
7 ☐ Foundation only

D. PROPOSED USE - For "Wrecking" most recent use

Residential

- 12 ☐ One family
13 ☐ Two or more family - Enter number of units - - - - -
14 ☐ Transient hotel, motel, or dormitory - Enter number of units - - - - -
15 ☐ Garage
16 ☐ Carport
17 ☐ Other - Specify _____

Nonresidential

- 18 ☐ Amusement, recreational
19 ☐ Church, other religious
20 ☐ Industrial
21 ☐ Parking garage
22 ☐ Service station, repair garage
23 ☐ Hospital, institutional
24 ☐ Office, bank, professional
25 ☐ Public utility
26 ☐ School, library, other educational
27 ☐ Stores, mercantile
28 ☐ Tanks, towers
29 ☐ Other - Specify _____

B. OWNERSHIP

- 8 ☐ Private (individual, corporation, nonprofit institution, etc.)
9 ☐ Public (Federal, State, or local government)

C. COST

10. Cost of improvement \$
To be installed but not included in the above cost
a. Electrical
b. Plumbing
c. Heating, air conditioning
d. Other (elevator, etc.)

(Omit cents)

Nonresidential - Describe in detail proposed use of buildings, 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.

11. TOTAL COST OF IMPROVEMENT \$

III. SELECTED CHARACTERISTICS OF BUILDING - For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.

E. PRINCIPAL TYPE OF FRAME

- 30 ☐ Masonry (wall bearing)
31 ☐ Wood frame
32 ☐ Structural steel
33 ☐ Reinforced concrete
34 ☐ Other - Specify _____

G. TYPE OF SEWAGE DISPOSAL

- 40 ☐ Public or private company
41 ☐ Private (septic tank, etc.)

H. TYPE OF WATER SUPPLY

- 42 ☐ Public or private company
43 ☐ Private (well, cistern)

J. DIMENSIONS

48. Number of stories
49. Total square feet of floor area, all floors, based on exterior dimensions
50. Total land area, sq. ft.

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed
52. Outdoors

F. PRINCIPAL TYPE OF HEATING FUEL

- 35 ☐ Gas
36 ☐ Oil
37 ☐ Electricity
38 ☐ Coal
39 ☐ Other - Specify _____

I. TYPE OF MECHANICAL

- Will there be central air conditioning?
44 ☐ Yes 45 ☐ No
Will there be an elevator?
46 ☐ Yes 47 ☐ No

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms
54. Number of bathrooms { Full
Partial

IV. IDENTIFICATION - To be completed by all applicants

| Name | | Mailing address - Number, street, city, and State | ZIP code | Tel. No. |
|--------------------------|--|---|-----------------------|----------|
| 1. Owner or Lessee | | | | |
| 2. Contractor | | | Builder's License No. | |
| 3. Architect or Engineer | | | | |

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 authorized agent and we agree to conform to all applicable laws of this jurisdiction.

| | | |
|------------------------|---------|------------------|
| Signature of applicant | Address | Application date |
|------------------------|---------|------------------|

DO NOT WRITE BELOW THIS LINE

V. PLAN REVIEW RECORD - For office use

| Plans Review Required | Check | Plan Review Fee | Date Plans Started | By | Date Plans Approved | By | Notes |
|-----------------------|-------|-----------------|--------------------|----|---------------------|----|-------|
| BUILDING | | \$ | | | | | |
| PLUMBING | | \$ | | | | | |
| MECHANICAL | | \$ | | | | | |
| ELECTRICAL | | \$ | | | | | |
| OTHER _____ | | \$ | | | | | |

VI. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS

| Permit or Approval | Check | Date Obtained | Number | By | Permit or Approval | Check | Date Obtained | Number |
|----------------------|-------|---------------|--------|----|---------------------|-------|---------------|--------|
| BOILER | | | | | PLUMBING | | | |
| CURB OR SIDEWALK CUT | | | | | ROOFING | | | |
| ELEVATOR | | | | | SEWER | | | |
| ELECTRICAL | | | | | SIGN OR BILLBOARD | | | |
| FURNACE | | | | | STREET GRADES | | | |
| GRADING | | | | | USE OF PUBLIC AREAS | | | |
| OIL BURNER | | | | | WRECKING | | | |
| OTHER _____ | | | | | OTHER _____ | | | |

VII. VALIDATION

| | |
|---|---|
| Building Permit number _____ Building Permit issued _____ 19____ Building Permit Fee \$ _____ Certificate of Occupancy \$ _____ Drain Tile \$ _____ Plan Review Fee \$ _____ | FOR DEPARTMENT USE ONLY Use Group _____ Fire Grading _____ Live Loading _____ Occupancy Load _____ |
| Approved by: _____ _____ TITLE | |

VIII. ZONING PLAN EXAMINERS NOTES

DISTRICT

USE

FRONT YARD

SIDE YARD

SIDE YARD

REAR YARD

NOTES

IX. SITE OR PLOT PLAN - For Applicant Use