

## Application for Building Permit

**CARROLLTON TOWNSHIP**  
 1645 Mapleridge Rd  
 Saginaw MI 48604-1798  
 (989) 754-4611

**PERMIT #** \_\_\_\_\_

|             |                            |
|-------------|----------------------------|
| Authority:  | 1972 PA 230                |
| Completion: | Mandatory to obtain permit |
| Penalty:    | Permit cannot be issued    |

### Applicant to Complete All Items in Sections I, II, III, IV V and VI

**Note: Separate Applications Must be Completed for Plumbing, Mechanical and Electrical Work Permits**

| I. Project Information   |               |                        |                                      |
|--|---------------|------------------------|--------------------------------------|
| PROJECT NAME   |               | ADDRESS                |                                      |
| NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH JOB IS LOCATED  |               | COUNTY                 | ZIP CODE                             |
| City   | Village       | Township               | OF: <b>CARROLLTON</b>                |
| BETWEEN  |               | AND                    |                                      |
| II. Identification   |               |                        |                                      |
| A. Owner or Lessee   |               |                        |                                      |
| NAME   |               | ADDRESS                |                                      |
| CITY   | STATE         | ZIP CODE               | TELEPHONE NUMBER (Include Area Code) |
| B. Architect or Engineer   |               |                        |                                      |
| NAME   |               | ADDRESS                |                                      |
| CITY   | STATE         | ZIP CODE               | TELEPHONE NUMBER (Include Area Code) |
| LICENSE NUMBER   |               | EXPIRATION DATE        |                                      |
| C. Contractor  |               |                        |                                      |
| NAME   |               | ADDRESS                |                                      |
| CITY   | STATE         | ZIP CODE               | TELEPHONE NUMBER (Include Area Code) |
| BUILDERS LICENSE NUMBER  |               | EXPIRATION DATE        |                                      |
| FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION   |               |                        |                                      |
| WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION   |               |                        |                                      |
| MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION   |               |                        |                                      |
| III. Type of Improvement and Plan Review   |               |                        |                                      |
| A. Type of Improvement   |               |                        |                                      |
| 1. NEW BUILDING  | 3. ALTERATION | 5. DEMOLITION          | 7. FOUNDATION ONLY                   |
| 2. ADDITION  | 4. REPAIR     | 6. MOBILE HOME SET-UP  | 8. PREMANUFACTURE                    |
|  |               |                        | 9. RELOCATION                        |
|  |               | 10. SPECIAL INSPECTION |                                      |
| B. Plan Review Required  |               |                        |                                      |
| <b>Plans must be submitted with an Application for Plan Examination and the appropriate fee before a permit can be issued, except as listed below.</b>   |               |                        |                                      |
| <b>Plans are not required</b> for alterations and repair work determined by the building official to be of a minor nature.   |               |                        |                                      |
| Plans and specifications are required for all other building types 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. |               |                        |                                      |
| <b>Plan Review Submission No.</b> _____  |               |                        |                                      |

**IV. Proposed Use of Building**

**A. Residential**

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

**B. Non-Residential**

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

**NON-RESIDENTIAL** - 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 Mechanical**

|                                     |     |    |                                     |     |    |
|-------------------------------------|-----|----|-------------------------------------|-----|----|
| 15. WILL THERE BE AIR CONDITIONING? | YES | NO | 16. WILL THERE BE FIRE SUPPRESSION? | YES | NO |
|-------------------------------------|-----|----|-------------------------------------|-----|----|

**F. Dimensions / Data**

|                             |                  |                 |                    |            |
|-----------------------------|------------------|-----------------|--------------------|------------|
| 17. NUMBER OF STORIES _____ | 21. FLOOR AREA:  | <b>EXISTING</b> | <b>ALTERATIONS</b> | <b>NEW</b> |
|                             | BASEMENT         | _____           | _____              | _____      |
| 18. USE GROUP _____         | 1ST & 2ND FLOOR  | _____           | _____              | _____      |
| 19. CONSTRUCTION TYPE _____ | 3RD - 10TH FLOOR | _____           | _____              | _____      |
| 20. NO. OF OCCUPANTS _____  | 11TH - ABOVE     | _____           | _____              | _____      |
|                             | TOTAL AREA       | _____           | _____              | _____      |

**G. Number of Off Street Parking Spaces**

|                    |                    |
|--------------------|--------------------|
| 22. ENCLOSED _____ | 23. OUTDOORS _____ |
|--------------------|--------------------|

**VI. 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 | TELEPHONE NUMBER (Include Area Code) |
| FEDERAL EMPLOYER ID NUMBER (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 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**

Cost of Construction \$ \_\_\_\_\_

**VII. Local Governmental Agency to Complete This Section**

| ENVIRONMENTAL CONTROL APPROVALS |           |    |          |      |        |    |
|---------------------------------|-----------|----|----------|------|--------|----|
|                                 | REQUIRED? |    | APPROVED | DATE | NUMBER | BY |
| <b>A - Zoning</b>               | Yes       | No |          |      |        |    |
| <b>B - Fire District</b>        | Yes       | No |          |      |        |    |
| <b>C - Pollution Control</b>    | Yes       | No |          |      |        |    |
| <b>D - Noise Control</b>        | Yes       | No |          |      |        |    |
| <b>E - Soil Erosion</b>         | Yes       | No |          |      |        |    |
| <b>F - Flood Zone</b>           | Yes       | No |          |      |        |    |
| <b>G - Water Supply</b>         | Yes       | No |          |      |        |    |
| <b>H - Septic System</b>        | Yes       | No |          |      |        |    |
| <b>I - Variance Granted</b>     | Yes       | No |          |      |        |    |
| <b>J - Other</b>                | Yes       | No |          |      |        |    |

**VIII. Validation - For Department Use Only**

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

**APPROVAL SIGNATURE**

|       |      |
|-------|------|
| TITLE | DATE |
|-------|------|

**IX. Site or Plot Plan - For Applicant Use**

A large grid of graph paper, consisting of 30 columns and 30 rows of small squares, intended for drawing a site or plot plan.

The Department will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.