

APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

**HARRISON TOWNSHIP BUILDING DEPARTMENT
38151 L'Anse Creuse, Harrison Township, MI 48051**

Office: (586) 466-1430; Inspection Line : (586) 466-1402; Fax: (586) 465-2618



AUTHORITY: P.A. 230 OF 1972, AS AMENDED COMPLETION: MANDATORY TO OBTAIN PERMIT PENALTY: PERMIT WILL NOT BE ISSUED	THE DEPARTMENT WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS.
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**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**

I. PROJECT INFORMATION				
Subdivision / Proposed Project Name			Address	
City	Zip Code	Lot #	Property #	Parcel # 17-12-_____
Driver Lincese Number			Date of Expiration	
II. IDENTIFICATION				
A. OWNER OR LESSEE				
Name		Address		
City		State		Zip Code
E-mail address		Telephone Number		Fax Number
B. ARCHITECT OR ENGINEER				
Name		Address		
City		State		Zip Code
E-mail address		Telephone Number		Fax Number
License Number			Expiration Date	
C. CONTRACTOR				
Name		Address		
City		State		Zip Code
E-mail address		Telephone Number		Fax Number
Builders License Number			Expiration Date	
Driver License Number		Date of Expiration		Business Federal ID# (Only business) No Social Security # please
Workers Compensation Insurance Carrier or Reason for Exemption				
MESC Employer Number or Reason for Exemption				

III. TYPE OF IMPROVEMENT AND PLAN REVIEW

A. TYPE OF IMPROVEMENT

- NEW BUILDING ALTERATION DEMOLITION FOUNDATION ONLY RELOCATION
- ADDITION REPAIR MOBILE HOME SET-UP PREMANUFACTURE SPECIAL INSPECTION
- CHANGE OF USE

B. REVIEW(S) TO BE PERFORMED

- BUILDING MECHANICAL FOUNDATION FIRE ALARM
- ELECTRICAL PLUMBING FIRE SUPPRESSION

IV. PROPOSED USE OF BUILDING

A. RESIDENTIAL MICHIGAN BUILDING CODE MICHIGAN RESIDENTIAL CODE

- 1. ONE FAMILY 4. ATTACHED GARAGE 7. POOL
- 2. TWO OR MORE FAMILY
NO. OF UNITS _____ 5. DETACHED GARAGE 8. DECK
- 3. HOTEL, MOTEL
NO. OF UNITS _____ 6. FINISH BASEMENT 9. OTHER _____

B. NON-RESIDENTIAL

- 10. AMUSEMENT 14. SERVICE STATION 18. SCHOOL, LIBRARY, EDUCATIONAL 22. NIGHT CLUB
- 11. CHURCH, RELIGION 15. HOSPITAL, INSTITUTIONAL 19. STORE, MERCANTILE 23. HAZARDOUS CHEMICALS
- 12. INDUSTRIAL 16. OFFICE, BANK, PROFESSIONAL 20. TANKS, TOWERS 24. OTHER _____
- 13. PARKING GARAGE 17. PUBLIC UTILITY 21. RESTAURANT

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 MECHANICAL

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

F. DIMENSIONS / DATA

		EXISTING	ALTERATIONS	NEW
17. NUMBER OF STORIES _____	22. FLOOR AREA			
	BASEMENT	_____	_____	_____
18. USE GROUP _____	1ST & 2ND FLOOR	_____	_____	_____
19. CONST. TYPE _____	3RD - 10TH FLOOR	_____	_____	_____
20. OCCUPANT LOAD _____	11TH - ABOVE	_____	_____	_____
21. SEPARATED OR NON SEPARATED MIXED USE _____	TOTAL AREA	_____	_____	_____
Baths _____		Fireplace _____		Elevation of lowest floor _____

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	
Federal ID 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 \$ _____ COST OF IMPROVEMENT \$ _____

VII. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION

	REQUIRED?	APPROVED	DATE	NUMBER	BY
A - ZONING	<input type="checkbox"/> YES <input type="checkbox"/> NO				
B - WOODLANDS	<input type="checkbox"/> YES <input type="checkbox"/> NO				
C - WETLANDS	<input type="checkbox"/> YES <input type="checkbox"/> NO				
D - FLOOD PLAIN	<input type="checkbox"/> YES <input type="checkbox"/> NO				
E - SOIL EROSION	<input type="checkbox"/> YES <input type="checkbox"/> NO				
F - SEWER SUPPLY	<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 - FAÇADE	<input type="checkbox"/> YES <input type="checkbox"/> NO				
J - STORM WATER DETENTION	<input type="checkbox"/> YES <input type="checkbox"/> NO				
K - VARIANCE GRANTED	<input type="checkbox"/> YES <input type="checkbox"/> NO				

VIII. VALIDATION - FOR DEPARTMENT USE ONLY

USE GROUP _____ FEE BALANCE _____

TYPE OF CONSTRUCTION _____ OCCUPANT LOAD _____

SQUARE FEET _____ CONSTRUCTION VALUE AS PER SCHEDULE \$ _____

APPROVAL SIGNATURE _____

TITLE _____ DATE _____

Culvert/Approach Permit # _____

NOTE: When applying for Macomb county permit, check if a REAR YARD DRAINAGE permit is required.