

# APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

**SAGINAW CHARTER TOWNSHIP**  
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Parcel I.D. # \_\_\_\_\_  
 Permit # \_\_\_\_\_  
 Date Issued: \_\_\_\_\_

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**

<b>I. PROJECT INFORMATION</b>				
PROJECT NAME	ADDRESS		ZIP CODE	
PROJECT DESCRIPTION				
<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	
LICENSE NUMBER				
<b>C. CONTRACTOR/APPLICANT</b>				
NAME	ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
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				
<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

<b>IV. PROPOSED USE OF BUILDING</b>				
<b>A. RESIDENTIAL</b>				
1. <input type="checkbox"/> ONE FAMILY	3. <input type="checkbox"/> HOTEL, MOTEL NO. OF UNITS _____	5. <input type="checkbox"/> STORAGE BUILDING, SHED or POLE BUILDING		
2. <input type="checkbox"/> TWO OR MORE FAMILY NO. OF UNITS _____	4. <input type="checkbox"/> ATTACHED/DETACHED GARAGE	6. <input type="checkbox"/> OTHER _____		
<b>B. NON-RESIDENTIAL</b>				
7. <input type="checkbox"/> AMUSEMENT	11. <input type="checkbox"/> SERVICE STATION	15. <input type="checkbox"/> SCHOOL, LIBRARY, EDUCATIONAL		
8. <input type="checkbox"/> CHURCH, RELIGION	12. <input type="checkbox"/> HOSPITAL, INSTITUTIONAL	16. <input type="checkbox"/> STORE, MERCHANTILE		
9. <input type="checkbox"/> INDUSTRIAL	13. <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL	17. <input type="checkbox"/> TANKS, TOWERS		
10. <input type="checkbox"/> PARKING GARAGE	14. <input type="checkbox"/> PUBLIC UTILITY	18. <input type="checkbox"/> 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.				
<b>V. SELECTED CHARACTERISTICS OF BUILDING</b>				
<b>A. PRINCIPAL TYPE OF FRAME</b>				
1. <input type="checkbox"/> MASONRY, WALL BEARING	2. <input type="checkbox"/> WOOD FRAME	3. <input type="checkbox"/> STRUCTURAL STEEL	4. <input type="checkbox"/> REINFORCED CONCRETE	5. <input type="checkbox"/> OTHER
<b>B. PRINCIPAL TYPE OF HEATING ENERGY</b>				
6. <input type="checkbox"/> GAS	7. <input type="checkbox"/> OIL	8. <input type="checkbox"/> ELECTRICITY	9. <input type="checkbox"/> COAL	10. <input type="checkbox"/> OTHER
<b>C. TYPE OF SEWAGE DISPOSAL</b>				
11. <input type="checkbox"/> PUBLIC OR PRIVATE COMPANY		12. <input type="checkbox"/> SEPTIC SYSTEM		
<b>D. TYPE OF WATER SUPPLY</b>				
13. <input type="checkbox"/> PUBLIC OR PRIVATE COMPANY		14. <input type="checkbox"/> PRIVATE WELL OR CISTERN		
<b>E. TYPE OF MECHANICAL</b>				
15. WILL THERE BE AIR CONDITIONING? <input type="checkbox"/> YES <input type="checkbox"/> NO		16. WILL THERE BE FIRE SUPPRESSION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>F. DIMENSIONS/DATA</b>				
17. NUMBER OF STORIES _____	21. FLOOR AREA:	EXISTING	ALTERATIONS	NEW
18. USE GROUP _____	BASEMENT	_____	_____	_____
19. CONST. TYPE _____	1 <sup>ST</sup> & 2 <sup>ND</sup> FLOOR	_____	_____	_____
20. NO. OF OCCUPANTS _____	3 <sup>RD</sup> – 10 <sup>TH</sup> FLOOR	_____	_____	_____
	11 <sup>TH</sup> – ABOVE	_____	_____	_____
	TOTAL AREA	_____	_____	_____
<b>G. NUMBER OF OFF STREET PARKING SPACES</b>				
22. ENCLOSED _____	23. OUTDOORS _____			

I. ENERGY CODE COMPLIANCE	
24. AREAS OF CEILING	R – VALUES OF CEILINGS
25. AREAS OF SKYLIGHTS	U – VALUES OF SKYLIGHTS
26. AREAS OF WALLS	R – VALUES OF WALLS
27. AREAS OF WINDOWS	U – VALUES OF WINDOWS
28. AREAS OF DOORS	U – VALUES OF DOORS
29. AREAS OF BASEMENT WALLS	R – VALUES OF BASEMENT WALLS
30. AREAS OF FLOORS OVER UNCONDITIONED SPACE	R – VALUES OF FLOORS OVER UNCONDITIONED SPACE
31. AREAS OF CRAWL SPACE WALLS	R – VALUES OF CRAWL SPACE WALLS
32. FURNACE EFFICIENCY	
33. AIR CONDITIONING SEER RATING	

VI. APPLICANT INFORMATION	
<b>APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION.</b>	
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. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.	
_____ OWNER	_____ CONTRACTOR _____ DESIGN PROFESSIONAL
<p>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.</p>	
SIGNATURE OF APPLICANT _____ DATE _____	
ESTIMATED COST OF CONSTRUCTION _____	Building Permit Fee _____ Sewer System Development Fee _____ Sewer Permit Fee _____ Drainage Review Fee _____

VII. FOR DEPARTMENT USE			
<b>A. SETBACKS</b>			
ZONING DISTRICT _____	STREET YARD _____	STREET YARD _____	BACK YARD _____
	SIDE YARD(S) _____	SIDE YARD TOTAL _____	
	REQUIRED?	APPROVED	DATE
<b>B. ZONING</b>			
<b>C. DRAINAGE REVIEW</b>			
<b>D. SOIL EROSION</b>			
<b>E. FLOOD PLAIN MGT.</b>			
<b>F. SEPTIC</b>			
<b>G. SIDEWALK</b>			
<b>H. DRIVEWAY</b>			
<b>I. OTHER _____</b>			