

APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

SAGINAW CHARTER TOWNSHIP
 4980 Shattuck Rd., Saginaw, MI 48603
 (989) 791-9865 Fax: (989) 791-9859
 www.saginawtownship.org

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.
---	---

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				
PROJECT NAME	ADDRESS		ZIP CODE	
PROJECT DESCRIPTION				
II. IDENTIFICATION				
A. OWNER OR LESSEE				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
B. ARCHITECT OR ENGINEER				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
LICENSE NUMBER				
C. CONTRACTOR/APPLICANT				
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				
III. TYPE OF IMPROVEMENT AND PLAN REVIEW				
A. TYPE OF IMPROVEMENT				
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. REVIEW(S) TO BE PERFORMED				
<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/DETACHED GARAGE
5. STORAGE BUILDING, SHED or
POLE BUILDING
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, MERCHANTILE
17. TANKS, TOWERS
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 ENERGY

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:	EXISTING	ALTERATIONS	NEW
18. USE GROUP _____	BASEMENT	_____	_____	_____
19. CONST. TYPE _____	1 ST & 2 ND FLOOR	_____	_____	_____
20. NO. OF OCCUPANTS _____	3 RD – 10 TH FLOOR	_____	_____	_____
	11 TH – ABOVE	_____	_____	_____
	TOTAL AREA	_____	_____	_____

G. NUMBER OF OFF STREET PARKING SPACES

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

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION.

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

***If there is a fire alarm system, contact Saginaw Township Fire Department at (989) 792-9691 prior to any demolition for protection requirements.**

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 _____ DATE _____

ESTIMATED COST OF CONSTRUCTION _____	Building Permit Fee _____
	Sewer System Development Fee _____
	Sewer Permit Fee _____
	Drainage Review Fee _____
	Plan Review Fee _____

VII. FOR DEPARTMENT USE

A. SETBACKS

ZONING DISTRICT _____	STREET YARD _____	STREET YARD _____	BACK YARD _____
	SIDE YARD(S) _____	SIDE YARD TOTAL _____	

	REQUIRED?	APPROVED	DATE
B. ZONING			
C. DRAINAGE REVIEW			
D. SOIL EROSION			
E. FLOOD PLAIN MGT.			
F. SEPTIC			
G. SIDEWALK			
H. DRIVEWAY			
I. OTHER _____			