BUILDING PERMIT APPLICATION

Please make your ch	eck payable to	Area M	etropolita	n Services ppropriate jur	Agency							
and send it to the ap	propriate jurisdic	Please n	nark box for a	ppropriate jui								
Battle Creek, MI 49017 Ma Ph:269.965.9096 Ph	500 15 Mile Road	□ <u>Emmett Township</u> 621 Cliff Street Battle Creek, MI 49014 Ph: 269.968.0335 Fax: 269.968.0108	8156 4 Mile Road	□Newton Township 7988 G Drive South Ceresco, MI 49033 Ph: 269.979.3212 Fax: 269.979.4470	Dennfield Township 20260 Capital Ave NE Battle Creek, MI 49017 Ph: 269.968.4422 Fax: 269.968.2021	☐ City of Battle Creek 10 N. Division St, Ste 117 Battle Creek, MI 49014 Ph: 269.966.3382 Fax: 269.966.3555	☐ City of Springfield 601 Avenue A Springfield, MI 49015 Ph: 269.441.9273 Fax: 269.965.0114					
Administrative Sectio	n:											
□ Cash□ Check #	Recei	pt #	Inspector Approv	ral	Issued P	Permit #						
APPLICANT TO C												
		ST BE COMPLET	ED FOR: PLUM	BING, MECHAN	IICAL, AND ELECTI	RICAL WORK.	Strategy Strategy					
I. PROJECT INF	ORMATION	30000000	ADDRES	SS	Supplied States							
PROJECT NAME			ADDINE,									
CITY/VILLAGE/TOWNSI	Y/VILLAGE/TOWNSHIP ZIP CODE											
BETWEEN CROSS STREE	ETS	,	AND		JOB SITE	PHONE NUMBER						
II. IDENTIFICATIO	ON	10 May 10		THE PART TO THE	DIMOTE AND A							
A. PROPERTY OWN												
NAME			ADDRE	SS	CITY/STATE		ZIP					
PHONE NUMBER	CEI	LL NUMBER	FAX NU	IMBER	E-MAIL ADDRE	ESS						
B. ARCHITECT OR E	NGINEER											
NAME			ADDRE	SS	CITY/STATE		ZIP					
PHONE NUMBER			FAX NU	MBER	E-MAIL ADDRE	:SS						
CELL NUMBER			LICENSE	NUMBER		EXPIRATION	DATE					
C. CONTRACTOR												
NAME			ADDRE	SS	CITY/STATE		ZIP					
PHONE NUMBER			FAX NU	MBER	E-MAIL ADDRE	ESS						
CELL NUMBER			BUILDER	RS LICENSE NUMBER		EXPIRATION [DATE					
FEDERAL EMPLOYER ID	NUMBER OR REA	SON FOR EXEMPTION	l				-					
WORKERS COMP INSU	RANCE CARRIER O	R REASON FOR EXEMI	PTION									
MESC EMPLOYER NUM	1BER OR REASON I	FOR EXEMPTION										
III. TYPE OF IMPI	ROVEMENT A	ND PLAN REVIE	W			MARINE THE						
A. TYPE OF IMPRO				PROVEMENT (M	aterials & Labor): \$	``						
☐ NEW BUILDING ADD	ITION ALTE	ERATION REPAIR	☐ DEMOLITION REI		DUNDATION ONLY							

☐ PLUMBING

FOUNDATION

☐ MECHANICAL

B. REVIEW(S) TO BE PERFORMED

☐ ELECTRICAL

BUILDING

IV. PROPOSED USE OF BUILDI	NG											
A. RESIDENTIAL			*41 *0.00									
□ SINGLE FAMILY	□н	OTEL, MOTEL # O	F UNITS		☐ DETACHED GARAGE							
The Control of the Co		TTACHED GARAGE				OTHER						
□ MULTI- FAMILY # OF UNITS: □ ATTACHED GARAGE □ OTHER B. NON-RESIDENTIAL												
	Г	SERVICE STATIO)N			SCHOOL, LIBRARY, E	DUCATIONAL					
☐ AMUSEMENT] SERVICE STATIO] HOSPITAL, INSTI			☐ STORE, MERCANTILE							
☐ CHURCH, RELIGION ☐ INDUSTRIAL		OFFICE, BANK, F			☐ TANKS, TOWERS							
☐ PARKING GARAGE		DEFICE, BAINN, F	TO ESSIGNATE			OTHER						
PROJECT DESCRIPTION - REQUIRE	THE PARTY OF THE	78515										
laundry building at hospital, elementar building, office building at industrial pla	ant. If use of	existing building	g is being chang	ed then enter pr	oposed	use.						
V. SELECTED CHARACTERIST A. PRINCIPAL TYPE OF FRAME ☐ MASONRY, WALL BEARING	ICS OF BU		□STRUCTURAL	STEEL	REIN	FORCED CONCRETE	☐ OTHER					
B. PRINCIPAL TYPE OF HEATING FU							_					
□ GAS	OIL		☐ ELECTRICITY		☐ COA	L	OTHER					
C. TYPE OF SEWAGE DISPOSAL						-						
☐ PUBLIC SYSTEM	☐ SEPTIC	SYSTEM			□сом	COMMUNITY SYSTEM						
D. TYPE OF WATER SUPPLY												
□ PUBLIC OR SYSTEM	☐ PRIVAT	E WELL OR CISTE	RN		□сом	OMMUNITY SYSTEM						
E. TYPE OF MECHANICAL												
WILL THERE BE AIR CONDITIONING? WILL THERE BE FIRE SUPPRESSION?	☐ YES	□ no										
F. DIMENSIONS / DATA												
		FLOOF	R AREA:	EXISTING		ALTERATIONS	NEW					
NUMBER OF STORIES		BASEMENT										
USE GROUP		1ST & 2ND F	LOOR									
CONSTRUCTION TYPE		3RD-10TH FL	OOR	•								
NUMBER OF OCCUPANTS		11TH FLOOR	& ABOVE									
		TOTAL AREA										
THE PERMIT HOLDER IS REQUIRED TO CAL THE PLACING OF CONCRETE. ROUGH INS BEFORE MASONRY VENEER, BUT AFTER BA UPON PLACEMENT OF LOWEST FLOOR, IN NOT BE OCCUPIED UNTIL THE BUILDING OF THE COMPLETION OF THE PROJECT. EXPIRATION OF PERMIT: A PERMIT REMA BECOME INVALID IF THE AUTHORIZED WO	PECTION IS RE ASE COURSE O CLUDING BASE DEFICIAL HAS IS AINS VALID AS	EQUIRED BEFORE F FLASHING AND EMENT, PRIOR TO SSUED A CERTIFIC LONG AS WORK	INSULATION AND SHEATHING, FLO D FURTHER VERTIC CATE OF OCCUPA (IS PROGRESSING	D INTERIOR CLADI OD PLAIN EVALUA CAL CONSTRUCTION NCY. THE PERMIT G AND INSPECTIO	DING IS ATION IN ON. A NI HOLDEF NS ARE	INSTALLED. MASONRY IN ISPECTION IS REQUIRED I EW BUILDING, ADDITION, R MUST CALL AND REQUE REQUESTED AND CONDU	ISPECTION IS REQUIRI N FLOOD PRONE AREA OR ALTERATION SHA EST THE CERTIFICATE A ICTED. A PERMIT SHA					

OPEN A CLOSED PERMIT IS \$75.

CONDUCTED WITHIN 180 DAYS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CLOSED PERMITS CANNOT BE REFUNDED. THE CHARGE TO RE-

VI. APPLICANT INFO	RMATION (Contracto	or or Homeowner)									
APPLICANT IS RESPONSIBLE FO	R THE PAYMENT OF ALL FEES A	ND CHARGES APPLICABLE T	O THIS APPLICATION	ON AND MUST PROVIDE THE FOLLO	WING INFORMATION.						
NAME		PHONE NUM	MBER CELL NUMBER								
ADDRESS		CITY		ZIP CODE							
SOCIAL SECURITY NUMBER, DR	RIVER'S LICENSE # or STATE ID	#		ООВ							
SECTION 23A OF THE STATE LICENSING REQUIREMENTS O VIOLATORS OF SECTION 23A A	F THIS STATE RELATING TO	PERSONS WHO ARE TO P	CL 125.1523A, PR ERFORM WORK	OHIBITS A PERSON FROM CONSI ON A RESIDENTIAL BUILDING OR	PIRING TO CIRCUMVENT THE A RESIDENTIAL STRUCTURE.						
OWNER TO MAKE THIS APPLIC	ATION. I AGREE TO CONFORM MY KNOWLEDGE. I HEREBY CO	TO ALL APPLICABLE LAWS (OF THE STATE OF N	WNER OF RECORD AND THAT I HAVINICHIGAN. ALL INFORMATION SUBI	MITTED ON THIS APPLICATION						
CONTRACTOR SIGNA	ATURE:	_	PRINT N	AME:							
HOME OWNER AFFIDAVIT: I HEREBY CERTIFY THAT THE CONSTRUCTION WORK DESCRIBED ON THIS APPLICATION WILL BE CONDUCTED BY THE UNDERSIGNE SINGLE-FAMILY DWELLING IN WHICH I LIVE OR AM ABOUT TO OCCUPY. I UNDERSTAND PUBLIC ACT 230 OF 1972, AS AMENDED, THE MICHIGAN RESIDENTIAL CO I ASSUME ALL RESPONSIBILITY FOR OBTAINING ALL NECESSARY INSPECTIONS. HOMEOWNER SIGNATURE: PRINT NAME:											
VII. LOCAL GOVERN	MENTAL AGENCY TO	COMPLETE THIS S	ECTION								
		ENVIRONMENTAL CON	NTROL APPROV	/ALS							
	Approval Required?	APPROVED	DATE	COMMENTS	SIGNATURE						
A - ZONING	☐ YEŞ ☐ NQ										
B - FIRE DISTRICT	_ YES										
C - POLLUTION CONTROL	□YES □NO										
D - NOISE CONTROL	☐ YES ☐ NO										
E - SOIL EROSION	☐ YES ☐ NO _										
F - FLOOD ZONE	☐ YES ☐ NO										
G - WATER SUPPLY	☐ YES ☐ NO	-									
H - SEPTIC SYSTEM	☐ YES ☐ NO										
I – VARIANCE GRANTED	□ YES □ NO										
J – OTHER	☐ YES ☐ NO	_									
K – DRIVEWAY PERMIT	☐ YES ☐ NO										
VIII. VALIDATION - F	OR DEPARTMENT US	SE ONLY									
USE GROUP			ADMINISTRATIVE FEE								
MIXED USE			ZONING BASED FEE								
INCIDENTAL USE			ZONING INSI								
TYPE OF CONSTRUCTION	N		INSPECTION								
SQUARE FEET # OF REQUIRED INSPECT	TIONS			.AN REVIEW (PR) FEE ' ELECTRICAL / MECHANICAL	. (PR) FEE						
# OF INCLUDED INSPECT			WORK WITHOUT PERMIT FEE (\$150)								
ZONING ADMINISTRATOR'S AF	PROVAL SIGNATURE	DATE	BUILDING OFFICIAL'S APPROVAL SIGNATURE DATE								

IX. SITE OR PLOT PLAN - FOR APPLICANT USE. Please include locations of streets, driveways, and existing structures. Include the location and number of parking spaces, easements, right-of-way lines, setback distances, location of any on-site water or sewer facilities, retaining walls, water bodies within 500 feet of the property, 100 year flood plains, wetlands, and a north arrow. Include distance between structures and property lines.																															
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