

# APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

***Allegan Township***  
 3037 118<sup>th</sup> Avenue  
 Allegan, Michigan 49010  
 Phone: 269-673-5051  
 Fax: 269-686-2409

AUTHORITY: P.A. 230 OF 1972, AS AMENDED COMPLETION: MANDATORY TO OBTAIN PERMIT PENALTY: APPLICATION MUST BE COMPLETED, SIGNED AND PROPER FEE ENCLOSED OR PERMIT WILL NOT BE ISSUED.	THE DEPARTMENT OF LABOR WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS,
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**APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, V AND VI  
 NOTE: SEPARATE APPLICATIONS MUST BE MADE TO THE APPROPRIATE DIVISION  
 FOR PLUMBING, MECHANICAL AND ELECTRICAL WORK PERMITS**

<b>I. LOCATION OF BUILDING</b>			
ADDRESS		PARCEL NO.	
CITY/VILLAGE	TOWNSHIP	COUNTY	ZIP CODE
BETWEEN		AND	
<b>II. IDENTIFICATION</b>			
<b>A. OWNER OR LESSEE</b>			
NAME		TELEPHONE NO.	
ADDRESS	CITY	STATE	ZIP CODE
<b>B. ARCHITECT OR ENGINEER</b>			
NAME		TELEPHONE NO.	
ADDRESS	CITY	STATE	ZIP CODE
LICENSE NUMBER		EXPIRATION DATE	
<b>C. CONTRACTOR</b>			
NAME		TELEPHONE NO.	
ADDRESS	CITY	STATE	ZIP CODE
BUILDER'S LICENSE NUMBER		EXPIRATION DATE	
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION			
WORKERS COMP INSURANCE CARRIER 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"/> Wrecking    7. <input type="checkbox"/> Foundation Only    9. <input type="checkbox"/> Re-Location 2. <input type="checkbox"/> Addition    4. <input type="checkbox"/> Repair    6. <input type="checkbox"/> Mobile Home Set-Up    8. <input type="checkbox"/> Pre-Manufacture			
<b>B. REVIEW(S) TO BE PERFORMED</b>			
<input type="checkbox"/> Building <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Energy			

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

<b>IV. PROPOSED USE OF BUILDING</b>		
<b>A. RESIDENTIAL - FOR "WRECKING", SHOW MUST RECENT USE</b>		
1. <input type="checkbox"/> One Family	3. <input type="checkbox"/> Hotel, motel (no. of units _____)	5. <input type="checkbox"/> Detached Garage
2. <input type="checkbox"/> Two or more family (no. of units _____)	4. <input type="checkbox"/> Attached Garage	6. <input type="checkbox"/> Other
<b>B. NON-RESIDENTIAL - FOR "WRECKING", SHOW MOST RECENT USE</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, Institution	16. <input type="checkbox"/> Store, Mercantile
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
<p>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 NAME.</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<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 FUEL</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 An Elevator? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>F. DIMENSIONS</b>		
17. Number of Stories _____		18. Floor Area: 1 <sup>st</sup> & 2 <sup>nd</sup> Floor _____
		3rd-10th Floor _____
		11th - Above Floor _____
		Total Area _____
<b>G. NUMBER OF OFF STREET PARKING SPACES</b>		
19. Enclosed _____		20. 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		Telephone No.	
Address	City	State	Zip Code

Federal I.D. 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 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, Act No. 230 of the Public Acts of 1972, being section 125.1523A of the Michigan compiled laws, 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 subject to civil fines.

<b>FEE ENCLOSED \$</b>	<b>or STATE ACCOUNT NUMBER</b>
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Signature of Applicant	Date
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**VII. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION****ENVIRONMENTAL CONTROL APPROVALS**

	Required?	Approved	Date	Number	By
A - ZONING	<input type="checkbox"/> YES <input type="checkbox"/> NO				
B - FIRE DISTRICT	<input type="checkbox"/> YES <input type="checkbox"/> NO				
C - POLLUTION CONTROL	<input type="checkbox"/> YES <input type="checkbox"/> NO				
D - NOISE CONTROL	<input type="checkbox"/> YES <input type="checkbox"/> NO				
E - SOIL EROSION	<input type="checkbox"/> YES <input type="checkbox"/> NO				
F - FLOOD ZONE	<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 - VARIANCE GRANTED	<input type="checkbox"/> YES <input type="checkbox"/> NO				
J - OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO				

**VII. VALIDATION - FOR DEPARTMENT USE ONLY**

Notes and Data

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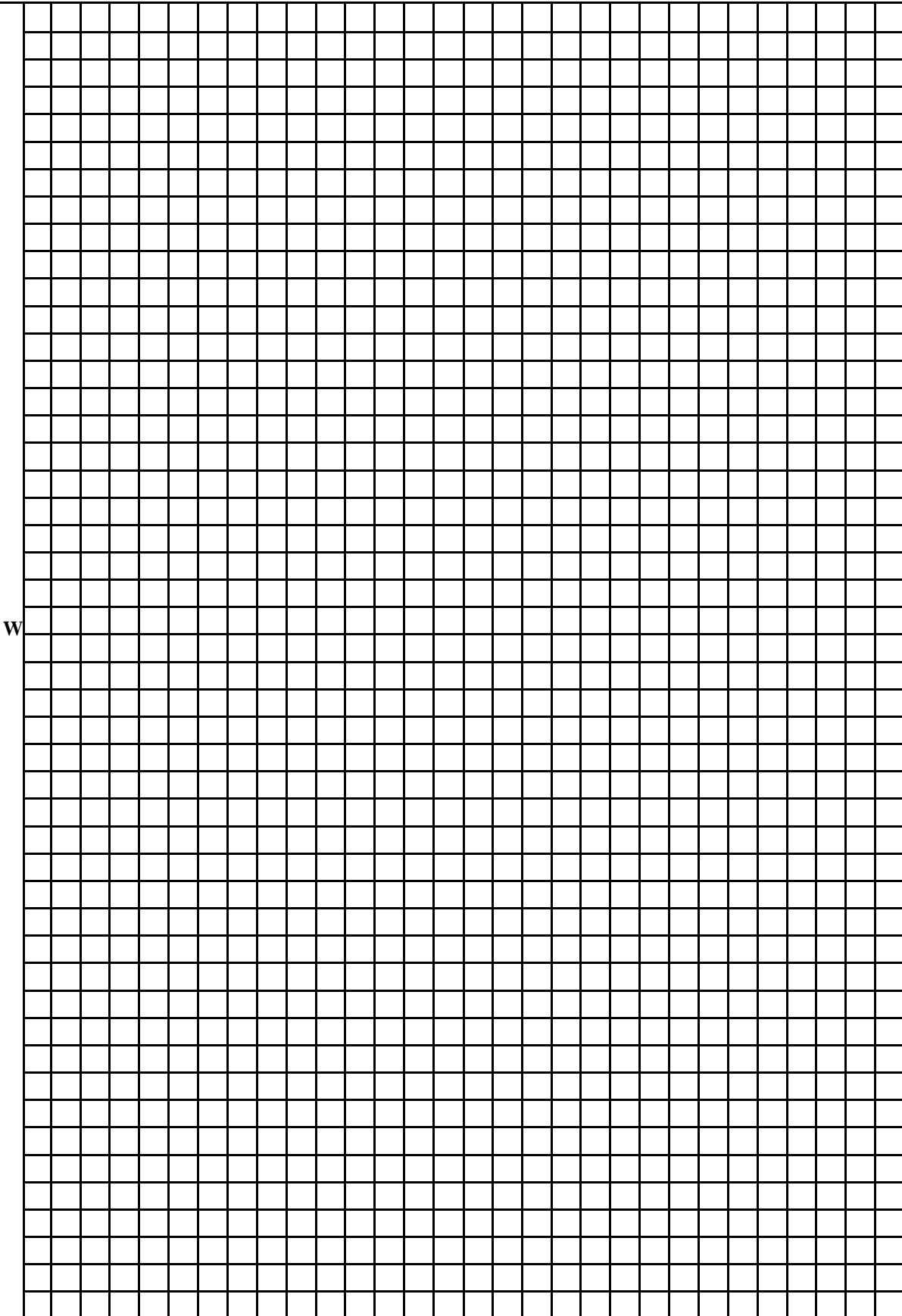


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BUILDING PERMIT NUMBER	APPROVAL SIGNATURE
ISSUE DATE	
PERMIT FEE	
	TITLE

**IX. SITE OR PLOT PLAN - FOR APPLICANT USE**

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