

Clarence Township
27052 R Drive North
Albion, Mi 49224
Office: 517-857-2288 Fax: 517-857-2488

Permit #
Fee
Method of Payment
Receipt #

Authority: 1972 PA 230
 Completion: Mandatory to obtain permit
 Penalty: Permit cannot be issued

MAKE CHECK PAYABLE TO Clarence Township

BUILDING PERMIT & PLANS EXAMINATION APPLICATION

I. Project Information					
JOB Address			Name of Owner		
Name of City, Village or Township in which job is located: <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township OF:				County	Zip Code
Between		And			
II. Identification					
A. Owner or Lessee					
Name		Address		City	
State, Zip	Telephone	Work/Cell Phone	Fax	Email	
B. Contractor					
Name		Address		City	
State, Zip	Telephone	Work/Cell Phone	Fax	Email	
Builders License #		Expiration Date	Federal Employer ID # (or reason for exemption)		
Workers Comp Insurance Carrier (or reason for exemption)			MESC # (or reason for exemption)		
C. Architect or Engineer					
Name		Address		City	
State, Zip	Telephone	Work/Cell Phone	Fax	Email	
License #		Expiration Date			
III. Type of Improvement					
A. Type of Improvement					
<input type="checkbox"/> New Building	<input type="checkbox"/> Interior Alteration/Remodel	<input type="checkbox"/> Demolition	<input type="checkbox"/> Foundation Only		
<input type="checkbox"/> Siding Only	<input type="checkbox"/> Roofing Shingles Only	<input type="checkbox"/> Roofing Re-Deck & Shingles	<input type="checkbox"/> Repair		
<input type="checkbox"/> Addition	<input type="checkbox"/> Mobile Home Set-Up	<input type="checkbox"/> Pre-manufactured Home	<input type="checkbox"/> Special Inspection		
IV. Proposed Use of Building					
A. Residential					
<input type="checkbox"/> One Family Home	<input type="checkbox"/> Deck Attached/Detached (circle one)		<input type="checkbox"/> Attached Garage		
<input type="checkbox"/> Pole Barn	<input type="checkbox"/> Shed/Outbuilding		<input type="checkbox"/> Carport		
<input type="checkbox"/> Two or more Family-No. of Units ___	<input type="checkbox"/> Detached Garage		<input type="checkbox"/> Other _____		
B. Non-Residential					
<input type="checkbox"/> Amusement	<input type="checkbox"/> Service Station		<input type="checkbox"/> School, Library, Educat.		
<input type="checkbox"/> Church, Religion	<input type="checkbox"/> Hospital, Institutional		<input type="checkbox"/> Store, Mercantile		
<input type="checkbox"/> Industrial	<input type="checkbox"/> Office, Bank, Professional		<input type="checkbox"/> Tanks, Towers		
<input type="checkbox"/> Parking Garage	<input type="checkbox"/> Public Utility		<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.

V. Selected Characteristics of Building

A. Principal Type of Frame

Masonry Wood Frame Structural Steel Reinforced Concrete Other _____

B. Principal Type of Heating Fuel

Gas Oil Electricity Coal Other _____

C. Type of Sewage Disposal

City Sewer Septic System

D. Type of Water Supply

City Water Private Well or Cistern

E. Type of Mechanical

Will there be Air Conditioning? Yes No Commercial Question: Will there be Fire Suppression? Yes No

Will there be a fire place? Yes No Will it be masonry? Yes No Type of fuel burned in fire place: Wood Gas

F. Dimensions/Data (Include only project dimensions of altered, remodeled or new square footage)

Will any part of the basement be finished? Yes No If so, how much? _____ Square Feet

Number of Stories _____

NEW OR REMODELED OR ALTERED PROJECT INFORMATION

		Project Length	Project Width	Total Sq. Ft.
	Basement Area	_____	_____	_____
No. of Bedrooms _____ (New/Added)	1 st Floor Area	_____	_____	_____
	2 nd Floor Area	_____	_____	_____
No. of Full Baths _____ (New/Added)	3 rd Floor & Above	_____	_____	_____
	Outbuilding/Deck/Garage	_____	_____	_____
No. of 1/2 Baths _____ (New/Added)	Height of project from grade to peak _____			
				Total Sq. Ft. _____

G. Number of Off Street Parking Spaces FOR COMMERCIAL USE ONLY

Enclosed _____ 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 (including area code)	Federal Employer ID# (or reason for exemption)

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 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:

VII. Local Government Agency to Complete This Section					
ENVIRONMENTAL CONTROL APPROVALS					
	Required	Approved	Date	Number	By
Zoning	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Soil Erosion	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Flood Zone	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Water Supply	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Septic System	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Driveway	<input type="checkbox"/> Yes <input type="checkbox"/> No				
VIII. Validation-For Department Use Only					
Use Group _____		Review to be Performed _____			
Type of Construction _____		Number of Inspections _____			
Square Feet _____		Bldg Permit Fee _____		Plan Exam Fee _____	
Approval Signature:					
Title			Date		

ISSUED PERMITS EXPIRE 180 DAYS FROM THE ISSUED DATE

WORK THAT IS STARTED WITHOUT A PERMIT MAY BE SUBJECT TO A \$67.00 ADMINISTRATIVE FEE, IN ADDITION TO THE REQUIRED PERMIT FEE.

REINSPECTIONS OF DOCUMENTED CODE VIOLATIONS ARE SUBJECT TO A \$67.00 REINSPECTION FEE, PAYABLE PRIOR TO SCHEDULING THE REINSPECTION.

MAKE CHECK PAYABLE TO THE MUNICIPALITY IN WHICH YOUR PROJECT IS LOCATED

RETURNED CHECKS ARE SUBJECT TO FEES IN ACCORDANCE WITH THE APPROPRIATE MUNICIPALITY'S RETURNED CHECK POLICY.