



# APPLICATION FOR BUILDING PERMIT

## AND PLAN EXAMINATION

RETURN COMPLETED FORM TO: BUILDING DEPARTMENT

111 GRAND STREET

ALLEGAN, MI 49010

Phone 269-673-3239 or 1-800-626-5964 Fax: 269-673-9583

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		
CITY	VILLAGE	TOWNSHIP	COUNTY	ZIP CODE
BETWEEN		AND		
ESTIMATED PROJECT COST		PROPERTY TAX ID NUMBER		
<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			EXPIRATION DATE	
<b>C. CONTRACTOR</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

**IV. PROPOSED USE OF BUILDING**

**A. RESIDENTIAL**

- |  |  |   |
|--|--|---|
| 1. <input type="checkbox"/> ONE FAMILY                               | 3. <input type="checkbox"/> HOTEL, MOTEL<br>NO. OF UNITS _____ | 5. <input type="checkbox"/> DETACHED GARAGE |
| 2. <input type="checkbox"/> TWO OR MORE FAMILY<br>NO. OF UNITS _____ | 4. <input type="checkbox"/> ATTACHED GARAGE                    | 6. <input type="checkbox"/> OTHER           |

**B. NON-RESIDENTIAL**

- |  |   |   |
|--|---|---|
| 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, 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                        |

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 FUEL**

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**

WIDTH

LENGTH

HEIGHT

	WIDTH		LENGTH		
			EXISTING	ALTERATIONS	NEW
17. NUMBER OF STORIES	_____	21. FLOOR AREA:			
18. USE GROUP	_____	BASEMENT	_____	_____	_____
19. CONST. TYPE	_____	1ST & 2ND FLOOR	_____	_____	_____
20. NO. OF OCCUPANTS	_____	3RD - 10TH FLOOR	_____	_____	_____
		11TH - ABOVE	_____	_____	_____
		TOTAL AREA	_____	_____	_____

**G. NUMBER OF OFF STREET PARKING SPACES**

22. ENCLOSED \_\_\_\_\_    23. OUTDOORS \_\_\_\_\_

<b>VI. APPLICANT INFORMATION</b>					
<b>APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION.</b>					
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/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 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 _____					
PLAN REVIEW FEE ENCLOSED \$ _____					
BUILDING PERMIT FEE ENCLOSED \$ _____					
<b>VII. BUILDING DEPARTMENT USE ONLY</b>					
<b>ENVIRONMENTAL CONTROL APPROVALS</b>					
	<b>REQUIRED?</b>	<b>APPROVED</b>	<b>DATE</b>	<b>NUMBER</b>	<b>BY</b>
<b>A - ZONING</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>B - FIRE DISTRICT</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>C - POLLUTION CONTROL</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>D - NOISE CONTROL</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>E - SOIL EROSION</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>F - FLOOD ZONE</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>G - WATER SUPPLY</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>H - SEPTIC SYSTEM</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>I - VARIANCE GRANTED</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>J - OTHER</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>VII. VALIDATION - FOR DEPARTMENT USE ONLY</b>					
USE GROUP _____	BASE FEE _____				
TYPE OF CONSTRUCTION _____	NUMBER OF INSPECTIONS _____				
SQUARE FEET _____					
APPROVAL SIGNATURE _____					
TITLE _____			DATE _____		

BUILDING APPLICATION / ZONING

Site Plan: **(Please read carefully and complete)**. Use the space below, or on a separate sheet of paper, to draw a diagram showing all of the following items.

1. The dimensions of the lot or acreage. (all sides)
  2. The location, distances to lot lines, of all existing and proposed structures.
  3. The dimensions of all existing and proposed structures.
  4. The distances between all existing structures.
  5. The location of all roads bordering or on the property.
  6. The location of any power and gas lines on property.
  7. The location of any lakes, rivers, streams, or wetlands on or near property.
  8. The location of any easements on the property.
  9. A north arrow indicating the direction of north.
- 

\*\*\*\*\*Do not write below this line\*\*\*\*\*

Required setbacks

Front \_\_\_\_\_ ft.    Rear \_\_\_\_\_ ft.    Side RT. \_\_\_\_\_    Left \_\_\_\_\_  
Lot width \_\_\_\_\_ ft.    Lot area \_\_\_\_\_ sq. ft.    Living Area \_\_\_\_\_  
Dist. between bldgs. \_\_\_\_\_ ft.    Zoning Dist. \_\_\_\_\_  
Approved \_\_\_\_\_    Denied \_\_\_\_\_  
Signature \_\_\_\_\_    Date \_\_\_\_\_  
Reason Denied \_\_\_\_\_

## **BUILDING PERMIT INFORMATION**

### **THE FOLLOWING INFORMATION IS NEEDED TO OBTAIN A BUILDING PERMIT:**

1. A complete BUILDING PERMIT APPLICATION form showing:
  - A: A detailed site diagram
  - B: Owner/Contractor/Jobsite/cost information
  
2. THREE SETS OF PLANS TO SCALE (one will be returned to be kept on the jobsite) INCLUDE IN THE PLANS:
  - a: Foundation Plan
  - b: All significant elevations (side views)
  - c: Floor plans
  - d: Cross section of one wall from footing to peak
  - e: Identify north elevation as (N)
  - f: Indicate snow-loading capacity. Be sure to show all dimensions
  
3. ENVIRONMENTAL HEALTH PERMIT is necessary for a septic and well system or an approval from the local municipal water/sewer authority  
  
Allegan County Environmental Health – 269-673-5411  
VanBuren County Health Department – 269-621-3143
  
4. DRIVEWAY PERMIT contact the road commission for the installation of a culvert or a waiver. In cities contact City Hall for curb cuts and sidewalk requirements  
  
Allegan County Road Commission – 269-673-2184  
VanBuren County Road Commission – 269-674-8011

5. PROOF OF OWNERSHIP (examples: deed or land contract)
6. EARTH CHANGE PERMIT – Your County Drain Commissioner or Soil Erosion Agent may require that you obtain a soil erosion and sedimentation control permit if your jobsite is within 500 feet of a waterway (lake, river, stream or County Drain or if you disturb 1 or more acres)

Allegan County – Contact the Allegan County Health  
Health Department at 269-673-5415  
[www.allegancounty.org/health](http://www.allegancounty.org/health)

VanBuren County – 269-657-8241

WHEN YOU HAVE GATHERED THIS INFORMATION SUBMIT  
TO:

MICHIGAN TOWNSHIP SERVICES-ALLEGAN, INC.  
111 GRAND STREET  
ALLEGAN MI 49010

269-673-3239 or 1-800-626-5964  
FAX – 269-673-9583  
[michigantownshipservices.org](http://michigantownshipservices.org)