



DEPARTMENT USE ONLY	
Project No.	_____
School District	_____
Date Applied	_____
Date Issued	_____
CL - No.	_____

## Application for Building Permit

CHARTER TOWNSHIP OF CLINTON

40700 Romeo Plank Rd.

Clinton Township, MI 48038

Direct Line: (586) 286-9323

Fax No.: (586) 286-9484

Office Hours: 8:30 a.m. to 4:30 p.m.  
MONDAY THROUGH FRIDAY

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

DEPARTMENT USE ONLY	
Permit No.	_____
Permit Fee	_____
\$	_____
Plan Review Fee	_____
\$	_____
Drainage Fee	_____
\$	_____
Bond	Bond No. _____
\$	_____
Receipt No.	_____

### Applicant to Complete All Applicable Sections

**Note: Separate Permit Applications Must Be Completed for Plumbing, Mechanical, and Electrical Work**

I PROJECT INFORMATION - PLEASE TYPE OR PRINT - INK ONLY				
TYPE OF PROJECT <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL		PROJECT ADDRESS		
Describe:				
LOT/BLDG. NO.	SEC. NO.			
MAIN CROSS ROADS		AND	SUBDIVISION	
<b>II IDENTIFICATION</b>				
<b>A. OWNER OR LESSEE ON NON RESIDENTIAL PROJECTS</b>				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
<b>B. ARCHITECT OR ENGINEER</b>				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
MICHIGAN <input type="checkbox"/> ARCHITECT OR <input type="checkbox"/> ENGINEER LICENSE NO.			EXPIRATION DATE	
<b>C. CONTRACTOR</b>				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
BUILDERS LICENSE NUMBER			EXPIRATION DATE	
FEDERAL EMPLOYER ID NO.	WORKERS COMP. INS. CARRIER	MESC EMPLOYER NO.	REASON FOR EXEMPTION	
<b>III PROJECT COST AND SQUARE FOOTAGE</b>				
A. Construction Costs: By Applicant \$		By Dept: \$		
B. Square Footage: By Applicant		SQ FT	By Dept:	SQ FT
C. Length		Width		
<b>IV PLAN REVIEW REQUIREMENTS</b>				
Plans must be submitted with an Application for Plan Examination along with a \$100.00 fee. Fee may not be required for minor work as determined by the building official.				
Plans are not required for work determined by the building official to be of a minor nature.				
Plans and specifications are required for Residential Homes 3500 Sq. Ft. or greater, and/or Commercial / Industrial, and shall be prepared by or under direct supervision of an architect or engineer licensed pursuant to 1980 PA 299 and <b>shall bear that architect's or engineer's seal and signature on each page.</b>				
DEPARTMENT USE ONLY:				

**V PROPOSED USE OF BUILDING**

**NON-RESIDENTIAL: DESCRIBE IN DETAIL PROPOSED USE OF BUILDING.** E.G. FOOD PROCESSING PLANT, MACHINE SHOP, LAUNDRY BUILDING AT HOSPITAL, PARKING GARAGE FOR DEPARTMENT STORE, RENTAL OFFICE BUILDING, OFFICE BUILDING AT INDUSTRIAL PLANT. IF USE OF EXISTING BUILDING IS BEING CHANGED, ENTER PROPOSED USE.

**VI SELECTED CHARACTERISTICS OF BUILDING**

<b>A. PRINCIPAL TYPE OF FRAME</b>		<b>B. PRINCIPAL TYPE OF HEATING FUEL</b>	
<input type="checkbox"/> MASONRY, WALL BEARING <input type="checkbox"/> WOOD FRAME <input type="checkbox"/> STRUCTURAL STEEL <input type="checkbox"/> REINFORCED CONCRETE <input type="checkbox"/> OTHER		<input type="checkbox"/> GAS <input type="checkbox"/> OIL <input type="checkbox"/> ELECTRICITY <input type="checkbox"/> COAL <input type="checkbox"/> OTHER	
<b>C. TYPE OF SEWAGE DISPOSAL</b>		<b>D. TYPE OF WATER SUPPLY</b>	
<input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE COMPANY <input type="checkbox"/> SEPTIC SYSTEM		<input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE COMPANY <input type="checkbox"/> PRIVATE WELL OR CISTERN	
<b>E. AIR CONDITIONING</b>		<b>F. FIRE SUPPRESSION</b>	
WILL THERE BE AIR CONDITIONING? <input type="checkbox"/> YES <input type="checkbox"/> NO		WILL THERE BE FIRE SUPPRESSION? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**G. DIMENSION DATA - ARCHITECT/ENGINEER TO COMPLETE**

USE GROUP	FLOOR AREA:	EXISTING	ALTERATIONS	NEW
CONST. TYPE	BASEMENT			
NO. OF OCCUPANTS	1ST & 2ND FLOOR			
NUMBER OF STORIES	3RD - 10TH FLOOR			
OUTDOOR PARKING SPACES	11TH - ABOVE			
ENCLOSED PARKING SPACES	TOTAL AREA			

**VII APPLICANT INFORMATION**

**APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND MUST PROVIDE THE FOLLOWING INFORMATION.**

NAME		TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
FEDERAL ID. 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 AND TOWNSHIP ORDINANCES. 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** \_\_\_\_\_ PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**GRADING ALERT:** By signing, the applicant agrees that no change in grade is anticipated to occur other than by the approved grading plan. In the event of any change in grade or resulting change in site drainage caused in whole or in part as a result of the installation of structures and improvements, property owners shall be required to undertake drainage improvements as directed by the Department of Public Works upon recommendation from the Township Engineer. ORD. 310 CHAP 1470.05(e)

**VIII VALIDATION - DEPARTMENT USE ONLY**

BUILDING CODE / RESIDENTIAL CODE EDITION _____			
USE GROUP _____	CONSTRUCTION TYPE _____	OCCUPANT LOAD _____	
SQUARE FEET _____	SUPPRESSED: <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> BUILDING PERMIT	<input type="checkbox"/> ORDINANCE PERMIT
PLAN REVIEWERS SIGNATURE _____	DATE _____	DEPT. APPROVAL _____	

Clinton Township will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.