

CHARTER TOWNSHIP OF SHELBY – BUILDING DEPARTMENT

52700 Van Dyke, Shelby Township, MI 48316 Phone: (586) 731-5969 Fax: (586) 803-2099

APPLICATION FOR BUILDING PERMIT, ZONING COMPLIANCE PERMIT, AND PLAN EXAMINATION

AUTHORITY: P.A. 230 of 1972, as amended COMPLETION: Mandatory to obtain permit PENALTY: Permit will not be issued	The department will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap, or political beliefs.
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APPLICANT MUST SUPPLY ALL INFORMATION IN SECTION I, II, III, IV, V AND VI

In order to avoid delay – all forms must be completely filled out and plans must contain required information.

NOTE: Separate applications must be completed for electrical, mechanical, and plumbing permits

I. PROJECT INFORMATION

Project Name		Address	
Lot Number	Subdivision		

II. IDENTIFICATION

<input type="checkbox"/> Owner or <input type="checkbox"/> Lessee			
Name	Address		Phone
			Cell Phone
City	State	Zip Code	Facsimile
			E-mail
Architect or Engineer <input type="checkbox"/> Check box if not applicable			
Name	Address		Phone
			Cell Phone
City	State	Zip Code	Facsimile
			E-mail
License/Registration Number		Expiration Date	
Contractor <input type="checkbox"/> Check box if not applicable			
Name	Address		Phone
			Cell Phone
City	State	Zip Code	Facsimile
			E-mail
Builders License Number		Expiration Date	Federal Employer ID Number or Reason For Exception
Workers Comp Insurance Carrier or Reason For Exception		MESC Employer Number or Reason For Exception	

III. PROJECT DESCRIPTION, TYPE OF IMPROVEMENT AND PLAN REVIEW

Detailed Description of Project	Estimated Cost of Construction
_____	\$
Type of Improvement – Check box(es) that are applicable	
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"/> Premanufactured 10. <input type="checkbox"/> Other _____	
Review(s) requested to be performed	
<input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Foundation <input type="checkbox"/> Other _____	

IV. PROPOSED USE OF BUILDING/IMPROVEMENT

RESIDENTIAL <input type="checkbox"/> CHECK BOX IF NOT APPLICABLE		
1. <input type="checkbox"/> One Family	4. <input type="checkbox"/> Detached Accessory Structure (>200 s.f.)	7. <input type="checkbox"/> Pool/Hot Tub
2. <input type="checkbox"/> Duplex	5. <input type="checkbox"/> Attached Garage	8. <input type="checkbox"/> Deck/Porch
3. <input type="checkbox"/> Multi-Family, No. of units _____	6. <input type="checkbox"/> Mobile Home	9. <input type="checkbox"/> Other _____
NON-RESIDENTIAL <input type="checkbox"/> CHECK BOX IF NOT APPLICABLE		
10. <input type="checkbox"/> Amusement	14. <input type="checkbox"/> Service Station	18. <input type="checkbox"/> School, Library, Educational
11. <input type="checkbox"/> Church, Religion	15. <input type="checkbox"/> Hospital, Institutional	19. <input type="checkbox"/> Store, Mercantile
12. <input type="checkbox"/> Industrial	16. <input type="checkbox"/> Office, Bank, Professional	20. <input type="checkbox"/> Tanks, Tower
13. <input type="checkbox"/> Parking Garage	17. <input type="checkbox"/> Public Utility	21. <input type="checkbox"/> Other _____
<p>NON-RESIDENTIAL: Describe in detail the proposed use of the 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. Please indicate multiple uses separately (e.g. office and machine shop).</p> <p>_____</p> <p>_____</p>		

V. SELECTED CHARACTERISTICS OF BUILDING

A. PRINCIPAL TYPE OF FRAME		
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. PRINCIPAL TYPE OF HEATING FUEL		
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	
C. TYPE OF SEWAGE DISPOSAL	D. TYPE OF WATER SUPPLY	E. NUMBER OF BATHROOMS
11. <input type="checkbox"/> Public or Private Company	13. <input type="checkbox"/> Public or Private Company	<input type="checkbox"/> 1 - 2 ½ (min. 5/8" meter)
12. <input type="checkbox"/> Septic System	14. <input type="checkbox"/> Private Well or Cistern	<input type="checkbox"/> 3 - 3 ½ (min. ¾" meter)
		<input type="checkbox"/> > 4 (min. 1" meter)
F. TYPE OF MECHANICAL		
15. Will there be air conditioning? <input type="checkbox"/> Yes <input type="checkbox"/> No	16. Will there be fire suppression? <input type="checkbox"/> Yes <input type="checkbox"/> No	
G. DIMENSIONS/DATA		
17. Number of Stories _____	21. Floor Area: Existing Alterations New	
18. Use Group _____	Basement _____	
19. Const. Type _____	1 st Floor _____	
20. No. of Occupants _____	2 nd Floor _____	
H. NUMBER OF OFF STREET PARKING SPACES		
<input type="checkbox"/> Enclosed _____	<input type="checkbox"/> Outdoors _____	

VI. APPLICANT INFORMATION

Name (Print)		Address	
City	State	Zip Code	Phone Number
Drivers License Number		Date of Birth	
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 Charter Township of Shelby and 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 subject to civil fines.			
Signature Of Applicant (<u>Homeowner signature indicates compliance with Section VII. Homeowner Affidavit</u>)			Date

VII. HOMEOWNER AFFIDIVAT

I hereby certify the building work described on this permit application shall be installed by myself in my own home in which I am living or about to occupy. All work shall be installed in accordance with the Building Code and shall not be enclosed, covered, used, or put into operation until it has been inspected and approved by the Building Inspector. I will cooperate with the Building Inspector and assume responsibility to arrange for necessary inspections.
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VIII. BUILDING DEPARTMENT REVIEW – FOR DEPARTMENT USE ONLY – Do not write below this point

Tree Preservation _____ <input type="checkbox"/> n/a	Rep. Trees _____ Street Trees _____	D.P.W. _____ <input type="checkbox"/> n/a
Street Frontage _____ <input type="checkbox"/> n/a	Road Commission _____ <input type="checkbox"/> n/a	Assessing _____ <input type="checkbox"/> n/a
Health Department _____ <input type="checkbox"/> n/a	Soil Erosion _____ <input type="checkbox"/> n/a	Fire _____ <input type="checkbox"/> n/a
Engineer _____ <input type="checkbox"/> n/a	Water _____ <input type="checkbox"/> n/a	Permit # _____
Planning _____ <input type="checkbox"/> n/a	Sewer _____ <input type="checkbox"/> n/a	23-07- _____
Code Edition _____ <input type="checkbox"/> MI Residential Code	<input type="checkbox"/> MI Building Code	Electrical _____ <input type="checkbox"/> n/a _____
Use Group _____ Type of Construction _____	Occupant Load _____	Plumbing _____ <input type="checkbox"/> n/a _____
Flood Zone _____ Fire Suppression _____	Zoning _____	Mechanical _____ <input type="checkbox"/> n/a _____
AREA: First Floor _____	FEES: Fee Index _____	
Second Floor _____	Permit Fee _____	
TOTAL _____	Plan Review _____	
Basement _____	Sidewalk _____	
Garage _____	Eng./Grade _____	
Other _____	Less- application fee _____	
	TOTAL \$ _____	
Footing Approval _____	BOND _____	
CONDITIONS/COMMENTS: _____		

Permit issued for: _____		
Approval Signature	Date	

