

# BUILDING AND PLAN EXAMINATION - PERMIT APPLICATION

## Area Metropolitan Services Agency

Please make your check payable to and send it to, the appropriate jurisdiction noted.

**Please Mark the box next to the appropriate jurisdiction**

- |  |   |  |  |  |
|--|---|--|--|--|
| <input checked="" type="checkbox"/> <b>Bedford Township</b><br>115 S Uldriks Drive<br>Battle Creek, MI 49017<br>ph: 269-965-9096<br>fx: 269-965-0908 | <input type="checkbox"/> <b>City of Battle Creek</b><br>10 N Division St, Ste 111<br>Battle Creek, MI 49014<br>ph. 269-966-3382<br>fx. 269-966-3654 | <input type="checkbox"/> <b>Pennfield Township</b><br>20260 Capital Ave NE<br>Battle Creek, MI 49017<br>ph. 269-968-4422<br>fx. 269-968-2021 | <input type="checkbox"/> <b>City of Springfield</b><br>601 Avenue A<br>Springfield, MI 49015<br>ph. 269-965-3880<br>fx. 269-965-0114 | <input type="checkbox"/> <b>Newton Township</b><br>7988 G Drive South<br>Ceresco, MI 49033<br>ph. 269-979-3212<br>fx. 269-979-4470 |
|--|---|--|--|--|

**Administrative Section:**

Cash  
 Check # \_\_\_\_\_ Receipt # \_\_\_\_\_ Inspector Approval \_\_\_\_\_ Issued Permit # \_\_\_\_\_

**APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, V, VI, AND IX.  
 SEPARATE APPLICATIONS MUST BE COMPLETED FOR: PLUMBING, MECHANICAL, AND ELECTRICAL WORK.**

**I. PROJECT INFORMATION**

PROJECT NAME	ADDRESS
CITY/VILLAGE/TOWNSHIP	ZIP CODE
BETWEEN CROSS STREETS	AND
JOB SITE PHONE NUMBER	

**II. IDENTIFICATION**

**A. PROPERTY OWNER OR LESSEE**

NAME	ADDRESS	CITY/STATE	ZIP
PHONE NUMBER	CELL NUMBER	FAX NUMBER	E-MAIL ADDRESS

**B. ARCHITECT OR ENGINEER**

NAME	ADDRESS	CITY/STATE	ZIP
PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS	
CELL NUMBER	LICENSE NUMBER	EXPIRATION DATE	

**C. CONTRACTOR**

NAME	ADDRESS	CITY/STATE	ZIP
PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS	
CELL 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 \_\_\_\_\_

**III. TYPE OF IMPROVEMENT AND PLAN REVIEW**

**A. TYPE OF IMPROVEMENT**      **TOTAL COST OF IMPROVEMENT (structural costs only): \$ \_\_\_\_\_**

<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> FOUNDATION ONLY	<input type="checkbox"/> MOBILE HOME SET-UP
<input type="checkbox"/> ADDITION	<input type="checkbox"/> REPAIR	<input type="checkbox"/> RELOCATION	<input type="checkbox"/> PREMANUFACTURE	<input type="checkbox"/> SPECIAL INSPECTION

**B. REVIEW(S) TO BE PERFORMED**

<input type="checkbox"/> BUILDING	<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> PLUMBING	<input type="checkbox"/> FOUNDATION
-----------------------------------	-------------------------------------	-------------------------------------	-----------------------------------	-------------------------------------

**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.



<b>VI. APPLICANT INFORMATION</b>					
APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION.					
NAME		PHONE NUMBER		CELL NUMBER	
ADDRESS		CITY		STATE	ZIP CODE
FEDERAL I.D. NUMBER / SOCIAL SECURITY NUMBER					
<p><b>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.</b></p> <p><b>CONTRACTOR CERTIFICATION:</b> 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. I 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. I HEREBY CONSENT TO ENTRY AND INSPECTION OF THE PREMISES BY THE BUILDING DEPARTMENT'S INSPECTOR(S) UNTIL A CERTIFICATE OF OCCUPANCY IS ISSUED FOR THE PROJECT.</p>					
<p><b>CONTRACTOR SIGNATURE:</b> _____</p>					
<p><b>HOME OWNER AFFIDAVIT:</b> I HEREBY CERTIFY THAT THE CONSTRUCTION WORK DESCRIBED ON THIS APPLICATION WILL BE CONDUCTED BY THE UNDERSIGNED IN MY SINGLE-FAMILY DWELLING IN WHICH I LIVE OR AM ABOUT TO OCCUPY. I UNDERSTAND PUBLIC ACT 230 OF 1972, AS AMENDED, THE MICHIGAN RESIDENTIAL CODE, AND I ASSUME ALL RESPONSIBILITY FOR OBTAINING ALL NECESSARY INSPECTIONS.</p>					
<p><b>HOMEOWNER SIGNATURE:</b> _____</p>					
<b>VII. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION</b>					
<b>ENVIRONMENTAL CONTROL APPROVALS</b>					
	Approval Required?	APPROVED	DATE	COMMENTS	SIGNATURE
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				
K - DRIVEWAY PERMIT	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>VIII. VALIDATION - FOR DEPARTMENT USE ONLY</b>					
USE GROUP	_____	ADMINISTRATIVE FEE	_____		
MIXED USE	_____	ZONING BASED FEE	_____		
INCIDENTAL USE	_____	ZONING INSPECTION FEE	_____		
TYPE OF CONSTRUCTION	_____	INSPECTION FEE	_____		
SQUARE FEET	_____	BUILDING PLAN REVIEW (PR) FEE	_____		
# OF REQUIRED INSPECTIONS	_____	PLUMBING/ELECTRICAL/MECHANICAL PR FEE	_____		
			<b>TOTAL</b>	_____	
ZONING ADMINISTRATOR'S APPROVAL SIGNATURE			DATE		
BUILDING OFFICIAL'S APPROVAL SIGNATURE		DATE		NUMBER OF INCLUDED INSPECTIONS	



**IX. SITE OR PLOT PLAN - FOR APPLICANT USE.** Please include locations of streets, driveways, and existing structures. Include the location and number of parking spaces, easements, right-of-way lines, setback distances, location of any on-site water or sewer facilities, retaining walls, water bodies within 500 feet of the property, 100 year flood plains, wetlands, and a north arrow. Include distance between structures and property lines.