



First Floor \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ x 55.60 = \_\_\_\_\_

Second Floor \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ x 55.60 = \_\_\_\_\_

Semi-furnished

Basement \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ x 18.60 = \_\_\_\_\_

Unfinished

Basement \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ x 15.60 = \_\_\_\_\_

Pole Buildings \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ x 25.60 = \_\_\_\_\_

(minimum \$180)

Garage \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ x 25.60 = \_\_\_\_\_

(minimum \$180)

Additions/

Improvements \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ x 55.60 = \_\_\_\_\_

(minimum \$120)

\_\_\_\_\_ X .004

Decks Flat Rate of \$120.00 \_\_\_\_\_

Swimming Pools Flat Rate of \$150.00 \_\_\_\_\_

Change of Mobile Home Flat Rate of \$150.00 \_\_\_\_\_

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Mobil Homes \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ x 45.60 = \_\_\_\_\_

Double Wide &

Modular Homes \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ x 45.60 = \_\_\_\_\_

Unfinished

Basements \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ x 10.25 = \_\_\_\_\_

X .004

Mobile Home Elec \$ 75 \_\_\_\_\_

Modular Home Elec 120 \_\_\_\_\_

Plumbing 140 \_\_\_\_\_

Mechanical 140 \_\_\_\_\_

Total \_\_\_\_\_

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Total Fee to be Paid \_\_\_\_\_

Is this property enrolled in PA 116? YES NO

# APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

**Onondaga Township  
P.O. Box 67  
Onondaga, MI 49264**

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 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

**I. PROJECT INFORMATION:**

Project Name:		Address:		
City/Village:	Township:	County:	Zip Code:	
Between:		And:		

**II. IDENTIFICATION:**

<b>A. Owner or Lessee:</b>				
Name:		Address:		
City:	State:	Zip Code:	Phone #:	
<b>B. Architect or Engineer:</b>				
Name:		Address:		
City:	State:	Zip Code:	Phone #:	
License Number:			Expiration Date:	
<b>C. Contractor:</b>				
Name:		Address:		
City:	State:	Zip Code:	Phone #:	
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**

<b>A. Type of Improvement</b>				
1. <input type="checkbox"/> New Building Relocation	3. <input type="checkbox"/> Alteration	5. <input type="checkbox"/> Demolition	7. <input type="checkbox"/> Foundation Only	9. <input type="checkbox"/>
2. <input type="checkbox"/> Addition Inspection	4. <input type="checkbox"/> Repair	6. <input type="checkbox"/> Mobil Home Setup	8. <input type="checkbox"/> Pre-manufacture	10. <input type="checkbox"/> Special



**Number of off Street Parking Spaces**

22. Enclosed \_\_\_\_\_

23. 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:		Phone No.:	
Address:	City:	State:	Zip:

Federal ID 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 subject to civil fines.**

Signature of Applicant: \_\_\_\_\_

Plan Review Fee Enclosed: \$ \_\_\_\_\_

Building Permit Fee Enclosed: \$ \_\_\_\_\_

**I. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION**

<b>VIRONMENTAL CONTROL APPROVALS</b>					
	Required?	Approved	Date	Number	
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				

**VII. VALIDATION – For Department Use Only**

Use Group: \_\_\_\_\_

Base Fee: \_\_\_\_\_

Type of Construction: \_\_\_\_\_

Number of Inspections: \_\_\_\_\_

\_\_\_\_\_

Square Feet: \_\_\_\_\_

**Approval Signature:**

**Title:**

**Date:**

**IX. SITE OR PLOT PLAN – For Applicants Use**

