

**Application for Building Permit
Onondaga Township
P.O. Box 67
Onondaga, MI 49264**

Permit #: _____

Section No: _____

Tax #: _____

Homeowner's Name: _____

Date: _____

Homeowner's Address: _____

Home Phone #: _____

Work Phone #: _____

Directions to job: _____

Contractor's Name: _____

Phone #: _____

Address: _____

License #: _____

Exp. Date: _____

Federal Employers ID: _____

or reason for exemption: _____

M.E.S.C. #: _____

or reason for exemption: _____

Workers Comp Insurance carrier or reason for exemption: _____

Type of Improvement:

- House
- Garage
- Pole Barn
- Mobile-Home
- Addition

Work to be performed:

- Building
- Electrical
- Plumbing
- Mechanical

Dimensions:

- Size: _____ X _____
- Total Sq.Ft.: _____
- Total Land Area: _____
- Health Dept. #: _____
- Driveway Permit #: _____
- Drain Permit #: _____

Building from center of road: _____

Number of rooms: _____

Siding: _____

Building from side of property: _____

Number of bedrooms: _____

Basement: _____

Building from rear of property: _____

Number of baths: _____

Fireplace: _____

Mobil Homes

Size _____ x _____

Total Sq. Ft.: _____

Year _____

Manufacturer: _____

Serial No: _____

SECTION 23a OF THE STATE CONSTRUCTION CODES ACT OF 1972, ACT NO. 230 OF THE PUBLIC ACTS OF 1972 BEING SECTION 125.1523a OF THE MICHIGAN COMPILED LAW, PROHIBIT A PERSON FROM CONSPIRING TO CIRCUMVENT THE LICENSING REQUIREMENTS OF THIS STATE RELATING TO PERSONS WHO PERFORM WORK ON RESIDENTIAL BUILDINGS OR A RESIDENTIAL STRUCTURE. VIOLATIONS OF THIS SECTION 23a ARE SUBJECT TO CIVIL FINES.

I agree to comply with all applicable zoning and building ordinances of the Township of Onondaga, in the consideration of the granting of a permit for the construction of the above project. I swear the above information is true.

APPLICANT'S SIGNATURE _____ **DATE** _____

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 _____

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 _____

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:

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

A. Type of Improvement				
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

Review(s) to be performed				
<input type="checkbox"/> Building Foundation	<input type="checkbox"/> Electrical	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Plumbing	<input type="checkbox"/>

IV. PROPOSED USE OF BUILDING

A. Residential

1. <input type="checkbox"/> One Family No. of Units _____	3. <input type="checkbox"/> Hotel, Motel No. of Units _____	5. <input type="checkbox"/> Detached Garage
2. <input type="checkbox"/> Two or More Family No. of Units _____	4. <input type="checkbox"/> Attached Garage	6. <input type="checkbox"/> Other

Non-Residential

7. <input type="checkbox"/> Amusement	11. <input type="checkbox"/> Service Station	15. <input type="checkbox"/> School, Library, Education
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

Non-Residential – 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

Principal Type of Frame				
1. <input type="checkbox"/> Masonry, Wall Bearing Other _____	2. <input type="checkbox"/> Wood Frame	3. <input type="checkbox"/> Structural Steel	4. <input type="checkbox"/> Reinforced Concrete	5. <input type="checkbox"/>
Principal Type of Heating Fuel				
6. <input type="checkbox"/> Gas Other _____	7. <input type="checkbox"/> Oil	8. <input type="checkbox"/> Electricity	9. <input type="checkbox"/> Coal	10. <input type="checkbox"/>
Type of Sewage Disposal				
11. <input type="checkbox"/> Public or Private Company		12. <input type="checkbox"/> Septic System		
Type of Water Supply				
13. <input type="checkbox"/> Public or Private Company		14. <input type="checkbox"/> Private Well or Cistern		
Type of Mechanical				
15. <input type="checkbox"/> Will there be air conditioning? <input type="checkbox"/> YES <input type="checkbox"/> NO		16. Will there be fire suppression? <input type="checkbox"/> YES		
Dimensions/Data				
17. Number of Stories _____	21. Floor Area:	Existing	Alterations	New
18. Use Group _____	Basement	_____	_____	_____
19. Const. Type _____	1 st & 2 nd Floor	_____	_____	_____
20. No. of Occupants _____	3 rd – 10 th Floor	_____	_____	_____
	11 th & Above	_____	_____	_____
	Total Area	_____	_____	_____

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

VIRONMENTAL CONTROL APPROVALS

	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

