



G-5447 Bicentennial Drive  
 Mt. Morris, Michigan 48458  
 (810) 785-1054 ext 220

APPLICATION FOR PLAN EXAMINATION  
 AND BUILDING PERMIT

APPLICANT INSTRUCTIONS:

Applicants must complete all sections of this application, including the site plan.  
**\*\*24 Hour Notice Needed Prior to Insection or Inspection moves to the next day**

Inspections: Monday-Thursday 10:00 a.m - 3:00 p.m.

Special Inspections by Appointment Only

**Contractors Registration Fee \$25.00 per year**

Application Date	Permit Type: <input type="checkbox"/> Building <input type="checkbox"/> Rehab <input type="checkbox"/> Demolition <input type="checkbox"/> Sign <input type="checkbox"/> Other:	Is Owner Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No
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Note: Permits for Electrical, Mechanical, and Plumbing must be obtained thru the State of Michigan and provide copies to Township.

**PROPERTY INFORMATION (Location where permit is to be issued)**

Street Address		Parcel Type: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other
Parcel ID	Zoning Section	

**OWNER(S) INFORMATION (provide copy of license (front and back))**

Owner(s) Name	Email:	Phone:
Address	City	State Zip

**CONTRACTORS INFORMATION (provide copy of driver license (front and back), Builders License and Insurance)**

Business Name	Builder's License #
Contactors Name	Federal Employer ID#
Address	City State Zip
Email	Phone #
Workers Comp Insurance Carrier	MESC Employer Number Phone#
Architect/Engineer of Project:	License #
Address	City State Zip
Email	Phone #

**CERTIFICATION**

I hereby certify that I am the owner of record of the named property, or 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 or her authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the building official or the building official's authorized representative shall have the authority to enter area covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Signature of Applicant	Phone #
Address	City State Zip
Responsible Person in Charge of Work	Phone #
Title	

**I understand that the assessor will be visiting the property sometimes within the year to obtain measurements.**

**BUILDING PERMIT INFORMATION**

- New Construction  Addition  Alteration  Accessory Structure  Relocation  
 Foundation only  Change of Use Only  Repair/Replacement  Demolition

**PROPOSED USE**

- RESIDENTIAL**  Single Family  Multi-Family  Boarding House  Accessory Structure  
 Two Family  Hotel/Motel  Prefab Housing  
**ASSEMBLY**  Theater  Night Club  Restaurant  Other  
 BUSINESS  
 MERCANTILE  
**EDUCATIONAL**  Schools  Library  Day Care Facility  
**FACTORY**  Low Hazard  Moderate Hazard  High Hazard  
**INSTITUTIONAL**  Group Home  Hospital  Jail  
**STORAGE**  Low Hazard  Moderate Hazard  
**OTHER**  Parking Garage  Carports  Motor Fuel Service  Repair Garage  Public Utility

**MAIN BUILDING CHARACTERISTICS**

- FRAME**  Steel  Concrete  Masonry  Wood  Other: \_\_\_\_\_  
**EXTERIOR WALLS**  Steel  Concrete  Masonry  Wood  Siding  Other: \_\_\_\_\_  
**ROOFING**  Asphalt  Fiberglass  Tile  Wood  Other: \_\_\_\_\_  
**WINDOWS**  Single Pane  Double Pane  Triple Pane  Patio Door  Storms/Screens  
**HEATING TYPE**  Gas  Oil  Electricity  Central Air  Other: \_\_\_\_\_  
**SEWER/WATER**  Septic System  Public Sewers  Well  Pubic Water  
**ROOF CONSTRUCTION**  Trusses  Conv. Rafters  Steel  
**FLOOR CONSTRUCTION**  Trusses  Conv. Joists  Steel

**Other Building Characteristics and Information**

Street Frontage (feet)	_____	Building Area (sq. ft.)	_____	Commercial Only:
Lot Depth (feet)	_____	Living Are (sq. ft.)	_____	Elevators/Escalator (number)
Lot Area (sq. ft.)	_____	Basement Area (sq. ft.)	_____	Enclosed Parking (number)
Front Setback (feet)	_____	Finished Basement (sq. ft.)	_____	Outside Parking (number)
Rear Setback (feet)	_____	Garages (number)	_____	Parking Area (sq. ft.)
Left Setback (feet)	_____	Garage Area (sq. ft.)	_____	Office/Sales Area (sq. ft.)
Right Setback (feet)	_____	Bedrooms (number)	_____	Service Building (sq. ft.)
Height above grade (feet)	_____	Full Baths (number)	_____	Manufacturing Bldg. (sq. ft.)
Number of Units	_____	Partial Bath (number)	_____	Store/Mercantile Bldg. (sq. ft.)
Stories (number)	_____	Windows (number)	_____	
		Fireplaces (number)	_____	

Estimated Starting Date: \_\_\_\_\_ Estimated Finish Date: \_\_\_\_\_ Project Estimated Value: \_\_\_\_\_

# SITE OR PLOT PLAN

SHOW ALL EXISTING & PROPOSED STRUCTURES. SHOW ALL DIMENSIONS TO LOT LINES & EXISTING STRUCTURES FROM PROPOSED STRUCTURE. SHOW LOCATION OF ANY OVERHEAD POWER LINES, WELL HEAD, SEPTIC FIELDS. SHOW OVER ALL DIMENSIONS & NORTH ARROW.

ROAD RIGHT OF WAY LINE

FRONT LOT LINE

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REAR LOT LINE