

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

BUILDING DEPARTMENT
MT. MORRIS CHARTER TOWNSHIP
G-5447 BICENTENNIAL PARKWAY
MT. MORRIS MI. 48458
 (810) 785-1054

APPLICANT INSTRUCTION: Applicants must complete all section of this application, including the site plan. Please note last page for Department use only.

Application Date	Permit Type Building Site Demolition Sign Other	(Circle those requested)	Is Owner Applicant Yes / No
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Note: Permits for Electrical, Mechanical, and Plumbing must be obtained thru the State of Michigan.

1. PROPERTY INFORMATION (Location where permit is being issued)

Street Address	Zoning	Parcel Type	(Circle One)
Legal Description	Parcel No.	Residential Commercial	Industrial Other

2. OWNER(S) INFORMATION

First Name	Last Name or Business Name	Phone
Street Address	City	State Zip Code

3. CONTRACTORS INFORMATION

Business Name	Builders License No.	Phone
Owners Name	Federal Employer ID No.	
Address	City	State Zip Code
Workers Comp Insurance Carrier	MESC Employer Number	
Architect/Engineer of Project	License No.	Phone
Address	City	State Zip Code

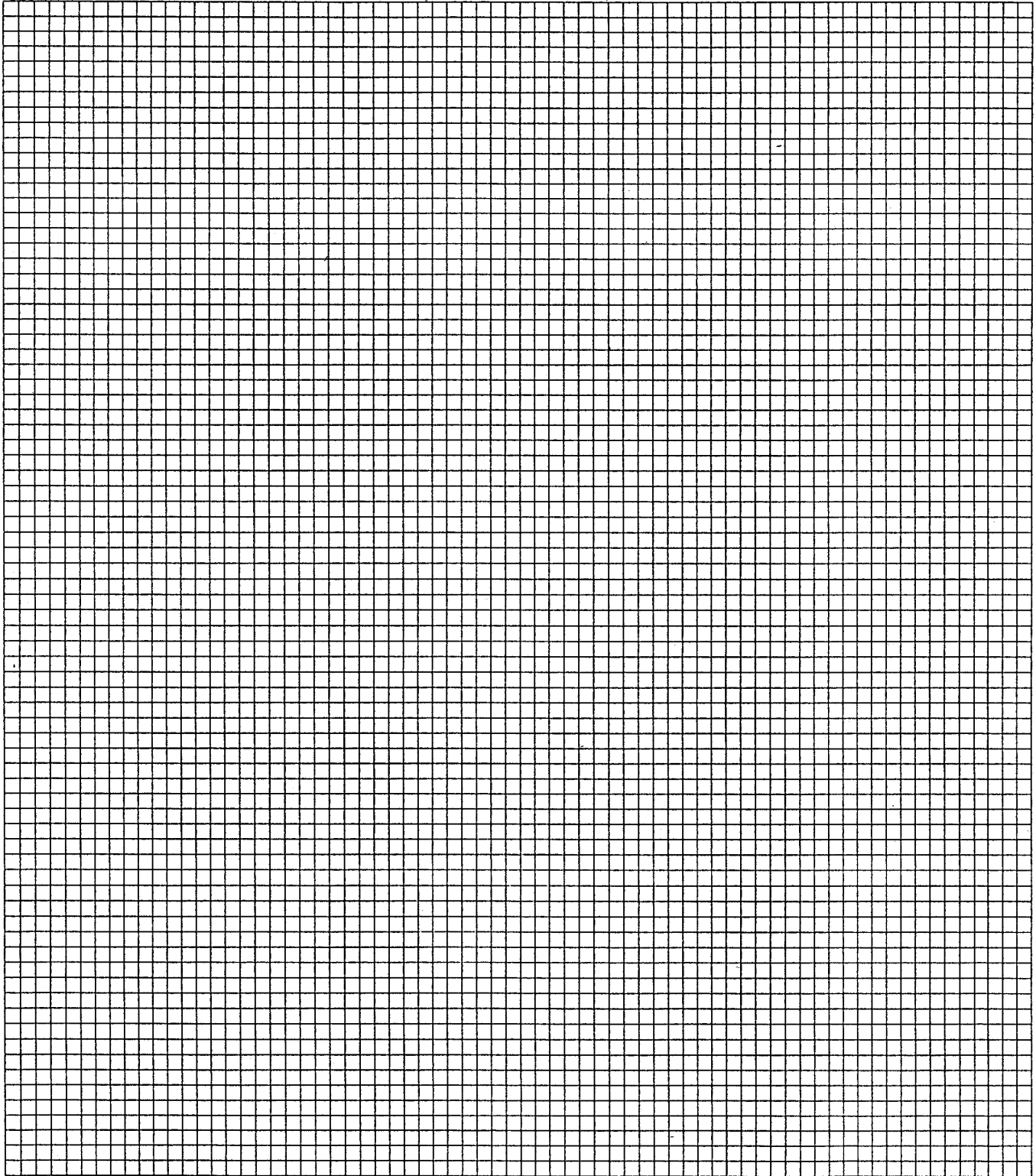
4. CERTIFICATION

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 code official or the code 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	Address	Phone
Responsible Person in Charge of Work	Title	Phone

5. BUILDING PERMIT INFORMATION

Improvement Type (Circle Type)				
New Construction	Addition	Alteration	Repair/Replacement	Demolition
Foundation Only	Change of Use Only		Accessory Structure	Relocation
Proposed Use (Circle Type)				
RESIDENTIAL	ASSEMBLY	BUSINESS	MERCANTILE	EDUCATIONAL
Single Family	Theatre			Schools
Two Family	Night Club			Library
Multi-Family	Restaurant			Day Care Facility
Hotel, Motel	Church			
Boarding House	Other			
Prefab Housing				
Accessory Structure				
FACTORY				
Moderate Hazard	INSTITUTIONAL	STORAGE	OTHER	
Low Hazard	Group Home	Moderate Hazard	Parking Garage	
High Hazard	Hospital	Low Hazard	Carports	
	Jail		Motor Fuel Service	
			Repair Garage	
			Public Utility	
Main Building Characteristics (Circle Type)				
FRAME	EXTERIOR WALLS	ROOFING	WINDOWS	
Steel	Steel	Asphalt	Single Pane	
Concrete	Concrete	Fiberglass	Double Pane	
Masonry	Masonry	Tile	Triple Pain	
Wood	Wood	Wood	Patio Door	
Other-Identify	Siding	Other-Identify	Storms and Screens	
	Other-Identify			
HEATING TYPE				
Gas	SEWER/WATER	ROOF CONSTRUCTION		FLOOR CONSTRUCTION
Oil	Septic System	Trusses		Trusses
Electricity	Public Sewers	Conv. Rafters		Conv. Joists
Other	Well	Steel		Steel
	Public Water	List Size		List Size
Other Building Characteristics and Information			Finished Basement (Sq. Ft.)	
Street Frontage (Feet)			Garages (Number)	
Lot Depth (Feet)			Garage Area (Sq. Ft.)	
Lot Area (Sq. Ft.)			Bed Rooms (Number)	
Front Setback (Feet)			Full Baths (Number)	
Rear Setback (Feet)			Partial Bath (Number)	
Left Setback (Feet)			Windows (Number)	
Right Setback (Feet)			Fireplaces (Number)	
Height Above Grade (Feet)			Enclosed Parking (Number)	
Number Of Units			Outside Parking (Number)	
Stories (Number)			Parking Area (Sq. Ft.)	
Elevators/Escalator (No.)			Office/Sales Area (Sq. Ft.)	
Building Area (Sq. Ft.)			Service Building (Sq. Ft.)	
Living Area (Sq. Ft.)			Manufacturing Bldg. (Sq. Ft.)	
Basement Area (Sq. Ft.)			Store/Mercantile Bldg. (Sq. Ft.)	
Estimated Starting Date		Estimated Finish Date		Building Estimated Value

6. SITE OR PLOT PLAN – For Applicant Use
(Show all lot lines, easements and work layout and dimensions)



SCALE = 1 INCH = _____ FEET

7. SITE AND ZONING EVALUATION

Comments

Zoning District	
Lot Size	
Required Front Yard Setback	
Required Rear Yard Setback	
Required Side Yard Setback	
Required Side Yard Setback	
Lot Coverage (%)	
Required Off Street Parking	
Floodplain Zone	
Number of Signs	
Size of Sign	
Required Sign Setbacks	
Barrier Free Compliance	
Other	
Other	

8. ADDITIONAL PERMITS AND REQUIRED APPROVALS

Comments

Planning Commission Approval	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Zoning Board of Appeals Approval	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Construction Board of Appeals Approval	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Plumbing Permit - Required thru State	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Mechanical Permit - Required thru State	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Electrical Permit - Required thru State	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Health Department Approval	<input type="checkbox"/> YES <input type="checkbox"/> NO	
State Fire Marshall	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Driveway or Curb Cut thru Road Commission	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Storm Drainage thru County Drain Dept.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
State Barrier Free Variance Board	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other	<input type="checkbox"/> YES <input type="checkbox"/> NO	

9. VALIDATION AND FEES

Permit Type	Date	Permit Number	Permit/Insp. Fee
Building Permit			
Site Permit			
Demolition Permit			
Sign Permit			
Electrical Permit (Issued thru State of Michigan)			
Plumbing Permit (Issued thru State of Michigan)			
Mechanical Permit (Issued thru State of Michigan)			
Other			
Plan Review Fee			
Certificate of Occupancy Fee			
Other Fees			
TOTAL FEES			

Prepared By: _____

Date: _____

Approved By: _____

Title: _____