

# APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

CHECK FOR ANY DEED RESTRICTIONS  
 APPLICABLE TO THIS PROPERTY  
 AND/OR THIS CONSTRUCTION.

TOWNSHIP OF NAPOLEON

6755 Brooklyn Road

P.O. Box 385

Napoleon, MI 49261

PH: 517-536-8694 \* FAX: 517-536-0112

PERMIT # \_\_\_\_\_

AUTHORITY: P.A. 230 OF 1972, as ammended  COMPLETION: MANDATORY TO OBTAIN PERMIT  PENALTY: Application must be completed. signed and proper fee enclosed or permit will not be issued	THE TOWNSHIP OF NAPOLEON 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 SECTIONS I, II, III, IV, V, AND VI**  
**NOTE: Separate applications must be made to the appropriate division for Plumbing, Mechanical and Electrical work permits**

<b>I. PROJECT INFORMATION</b>			
Project Name		Address	
City	Zip Code	Lot#	County
Between		And	
<b>II. IDENTIFICATION</b>			
<b>A. OWNER OR LESSEE</b>			
Name		Address	
City	State		Zip Code
E-mail address	Telephone Number		Fax Number
<b>B. ARCHITECT OR ENGINEER</b>			
Name		Address	
City	State		Zip Code
E-mail address	Telephone Number		Fax Number
License Number		Expiration Date	
<b>C. CONTRACTOR</b>			
Name		Address	
City	State		Zip Code
E-mail address	Telephone Number		Fax Number
Builders License Number		Expiration Date	
Federal Employer ID Number or Reason for Exemption			
Workers Compensation Insurance Carrier or Reason for Exemption			
Mesc Employer Number or Reason for Exemption			

**III. TYPE OF IMPROVEMENT AND PLAN REVIEW****A. TYPE OF IMPROVEMENT** RESIDENTIAL       NON-RESIDENTIAL

1. NEW BUILDING       2. ADDITION       3. CHANGE IN USE OR OCCUPANCY       4. ALTERATION       5. DEMOLITION  
 6. RELOCATION       7. REPAIR       8. MOBILE HOME SET-UP       9. FOUNDATION ONLY       10. PREMANUFACTURE  
 11. SPECIAL INSPECTION      Dimensions needed for the above project \_\_\_\_\_ ft x \_\_\_\_\_ ft

**B. REVIEW(S) TO BE PERFORMED** BUILDING       MECHANICAL       FOUNDATION       ELECTRICAL       PLUMBING**IV. PROPOSED USE OF BUILDING**

RESIDENTIAL - For "wrecking", show most recent use

1.  ONE FAMILY      4.  ATTACHED GARAGE \_\_\_\_\_ ft x \_\_\_\_\_ ft      7.  POOL  
2.  TWO OR MORE FAMILY NO. OF UNITS      5.  DETACHED GARAGE \_\_\_\_\_ ft x \_\_\_\_\_ ft      8.  DECK  
3.  HOTEL, MOTEL NO. OF UNITS      6.  FINISH BASEMENT      9.  OTHER

**B. NON-RESIDENTIAL**

10.  AMUSEMENT      14.  SERVICE STATION      18.  SCHOOL, LIBRARY, EDUCATIONAL      22.  NIGHT CLUB  
11.  CHURCH, RELIGION      15.  HOSPITAL, INSTITUTIONAL      19.  STORE, MERCANTILE      23.  HAZARDOUS CHEMICALS  
12.  INDUSTRIAL      16.  OFFICE, BANK, PROFESSIONAL      20.  TANKS, TOWERS      24.  OTHER  
13.  PARKING GARAGE      17.  PUBLIC UTILITY      21.  RESTAURANT

NONRESIDENTIAL-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****A. PRINCIPAL TYPE OF FRAME**

1.  MASONRY, WALL BEARING      2.  WOOD FRAME      3.  STRUCTURAL STEEL      4.  REINFORCED CONCRETE      5.  OTHER

**B. PRINCIPAL TYPE OF HEATING FUEL**

6.  GAS      7.  OIL      8.  ELECTRICITY      9.  COAL      10.  OTHER

**C. TYPE OF SEWAGE DISPOSAL**

11.  PUBLIC OR PRIVATE COMPANY      12.  SEPTIC SYSTEM

**D. TYPE OF WATER SUPPLY**

13.  PUBLIC OR PRIVATE COMPANY      14.  PRIVATE WELL OR CISTERN

**E. TYPE OF MECHANICAL**

15. WILL THERE BE AIR CONDITIONING?  YES  NO      16. WILL THERE BE FIRE SUPPRESSION?  YES  NO      17. WILL THERE BE AN ELEVATOR  YES  NO

**F. DIMENSION/ DATA**

	EXISTING	ALTERATIONS	NEW
18. NUMBER OF STORIES _____	_____	_____	_____
19. USE GROUP _____	_____	_____	_____
20. CONST. TYPE _____	_____	_____	_____
21. OCCUPANT LOAD _____	_____	_____	_____
22. SEPERATED OR NON SEPERATED MIXED USE _____	_____	_____	_____
23. FLOOR AREA _____	_____	_____	_____
BASEMENT	_____	_____	_____
1ST & 2ND FLOOR	_____	_____	_____
3RD FLOOR & ABOVE	_____	_____	_____
T OTAL AREA	_____	_____	_____

DESCRIPTION OF CONSTRUCTION: \_\_\_\_\_

**G. NUMBER OF OFF STREET PARKING SPACES****COST OF CONSTRUCTION:**

24. ENCLOSED \_\_\_\_\_

25. OUTDOORS \_\_\_\_\_

\$ \_\_\_\_\_

**VI. APPLICANT INFORMATION**

**WARNING NOTICE**

**NO OCCUPANCY PERMITS WILL BE ISSUED OR PERSONS ALLOWED TO MOVE ON THE PREMISES UNTIL FINAL APPROVAL HAS BEEN RECEIVED FOR ALL BUILDING, MECHANICAL, PLUMBING, AND/OR ELECTRICAL WORK PERFORMED ON THE PREMISES, IN ADDITION TO ZONING AND DEPT. OF PUBLIC WORKS APPROVAL.**

**Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information.**

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 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, Act No. 230 of the Public Acts of 1972, being Section 125.1523a of the Michigan Compiled Laws, 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	APPLICANT DATE
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**VII. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION**

	ENVIRONMENTAL CONTROL		APPROVALS		
	REQUIRED	APPROVED	DATE	NUMBER	BY
<b>A - Zoning/District</b>					
1. Site Plan Approval	( ) Yes ( ) No				
2. Variance Granted Z.B.A. Approval	( ) Yes ( ) No				
<b>B - Fire</b>	( ) Yes ( ) No				
<b>C - Pollution Control</b>	( ) Yes ( ) No				
<b>D - Flood Zone</b>	( ) Yes ( ) No				
<b>E - Soil Erosion/County Drain</b>	( ) Yes ( ) No				
<b>F - Twp. Water/Sewer</b>	( ) Yes ( ) No				
<b>G - Water/County Health Dept.</b>	( ) Yes ( ) No				
<b>H - Septic/County Health Dept.</b>	( ) Yes ( ) No				
<b>I - County Road Comm.</b>	( ) Yes ( ) No				
<b>J - Assessing Dept.</b>	( ) Yes ( ) No				

COMPUTER PROPERTY TAX # \_\_\_\_\_

ALL PERSONAL AND PROPERTY TAXES ARE CURRENT: YES \_\_\_\_\_ NO \_\_\_\_\_

**VII. VALIDATION**

The signature of the applicant on this application constitutes a certification by the applicant that the site plan, as submitted, is complete and accurate in all aspects. The township, further, shall have the right to rely on the accuracy of the same in connection with the issuance of permits and the conducting of required inspections.

APPROVED BY \_\_\_\_\_

SIGNATURE

Footing \_\_\_\_\_ Rough \_\_\_\_\_ Final \_\_\_\_\_

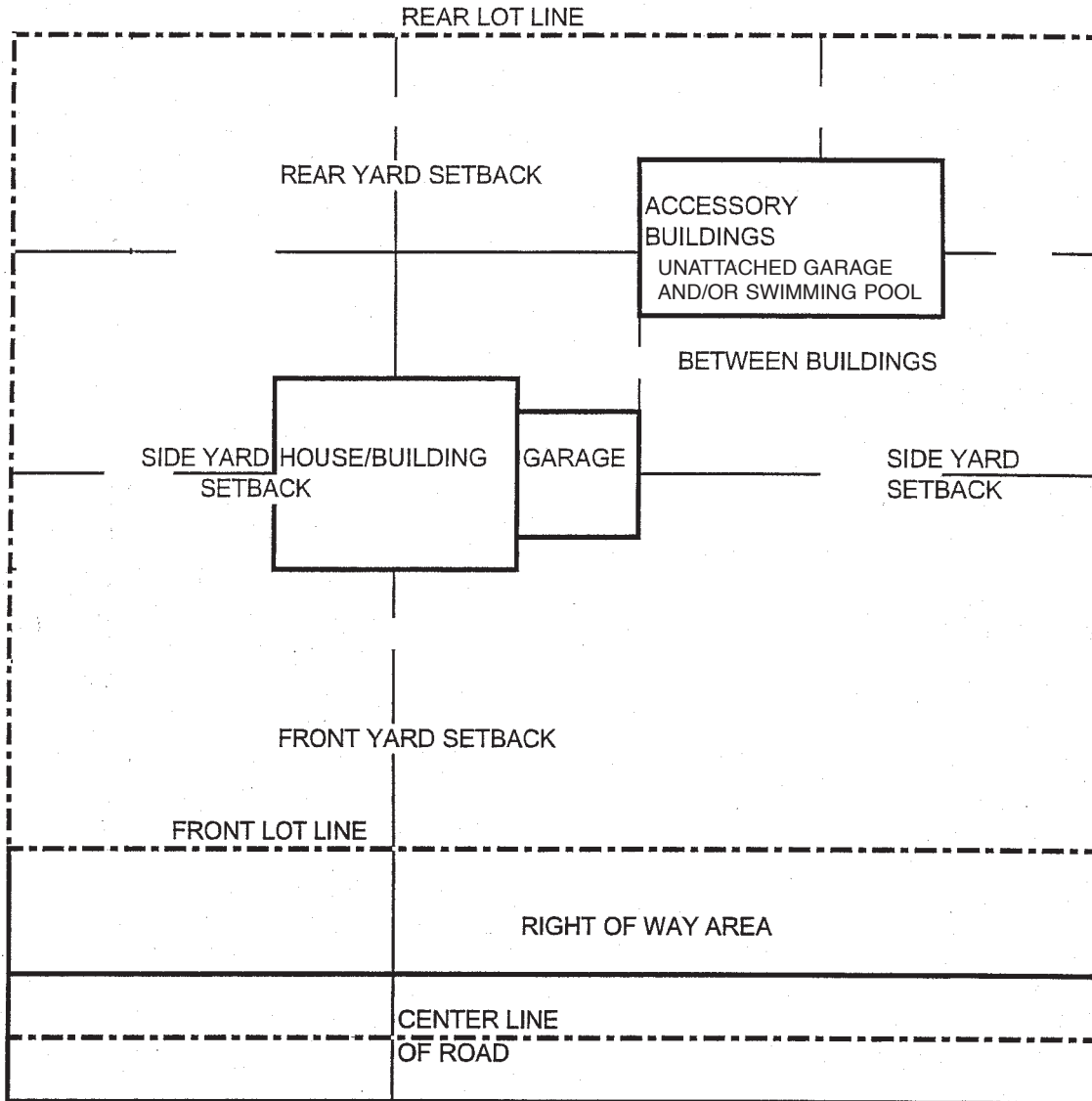
BackFill/Radon \_\_\_\_\_ Insulation \_\_\_\_\_ Zoning \_\_\_\_\_

**X SITE OR PLOT PLAN - FOR APPLICANT USE**

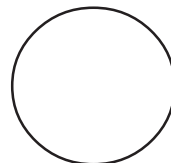
**ILLUSTRATIONS OF ZONING TERMS GENERAL LOT TERMS**

FILL IN ALL MEASUREMENTS BETWEEN PROPERTY LINES AND BUILDINGS

WRITE THE NUMBERS IN THE OPENINGS IN THE LINES



Indicate direction of North within the circle:



**NO BUILDING PERMITS WILL BE ISSUED UNLESS ALL SET-BACK DIMENSIONS ARE SHOWN ON THE DRAWING.**