

APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

NAPOLEON TOWNSHIP
 6755 Brooklyn Rd
 P.O. Box 385
 Napoleon, MI 49261
 PH: 517-536-8694
 Fax: 517-536-0112

Check for any deed restrictions applicable to this property and/or this construction

Authority: P.A. 230 of 1972, as amended

Completion: Mandatory to Obtain Permit

Penalty: Application must be completed, signed and proper fee enclosed

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

APPLICANT TO COMPLETE ALL ITEMS IN SECTIONS I, II, III, IV, V, and VI

Please Note: Separate applications must be made to the appropriate division for Plumbing, Mechanical and Electrical work

PROJECT INFORMATION

Project Owner's Name _____

Project Address _____

City _____

Zip _____

Lot# _____

County of _____

State _____

Between _____

And _____

II. IDENTIFICATION OR LESSEE

Owner or Lessee _____

Address _____

Contact Phone Number _____

City / State / Zip _____

Fax Number _____

Email Address _____

ARCHITECT OR ENGINEER

Name _____

Address _____

City _____

State _____

Zip _____

Contact Number _____

Fax _____

E-mail address _____

License Number _____

Date Expires _____

CONTRACTOR

Company Name _____

Applicant Name _____

Address / City / State / Zip _____

Phone # _____

Fax# _____

Builders License No. + exp date _____

Fed Employer ID _____

Workers Comp Ins _____

MESC Employer # _____

III. Type of Improvement and Plan Review
 Type of Improvement >> Residential Non-Residential
 Mark X where applies
 ___ New Building ___ Addition ___ Change in use or occupancy ___ Alteration
 ___ Relocation ___ Repair ___ Mobile Home Set up ___ Foundation Only
 ___ Demolition ___ Premanufactured Dimensions needed for project _____ X _____

Review (s) To be Performed (X) ___ Building ___ Mechanical ___ Foundation ___ Electrical ___ Plumbing

IV. Proposed use of Building Residential—For “Wrecking, show most recent use
 Mark X where applies
 ___ Single Family ___ Attached Garage ___ ft X ___ ft ___ Pool
 ___ Two or more Family ___ Detached Garage ___ ft X ___ ft ___ Deck
 ___ No. Of Units ___ Finished Basement ___ Other
 ___ Hotel, Motel # of units

NON-Residential
 Mark X where applies
 ___ Amusement ___ Service Station ___ School, Library, Educational ___ Night Club
 ___ Church, Religion ___ Hospital ___ Store, Mercantile ___ Hazardous
 ___ Industrial ___ Tank, Towers ___ Restaurant ___ Chemicals
 ___ Parking Garage ___ Public Utility ___ Other
 ___ Office, Bank, Professional Building

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 Dept. 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) Mark X where applies
 ___ Masonry, Wall Bearing ___ Wood Frame ___ Structural Steel ___ Other ___ Reinforced Concrete

Principal Type of Heating Fuel (X) >>> ___ Gas ___ Oil ___ Electricity ___ Coal ___ Other

Type of Sewage Disposal (X) >>> ___ Public or Private Company ___ Septic System

Type Of Water Supply (X) >>> ___ Public or Private Company ___ Private Well or Cistern

Type of Mechanical: Y/N Will there be ___ Air Conditioning ___ Fire Suppression ___ An Elevator

Dimension/Data No. of Stories ___ Use Group ___ Const. Type ___ Occupant Load ___ Separated or mixed ___

	Existing	Alterations	New	
Floor Area	_____	_____	_____	<u>Cost of Construction</u> \$ _____ <u>No. of Off Street Parking Spaces</u> _____ Enclosed _____ Outdoors
Basement	_____	_____	_____	
1st & 2nd Fl	_____	_____	_____	
3rd Floor	_____	_____	_____	
Total Area	_____	_____	_____	
Description of Construction :	_____			

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 WORK 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

Sec 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 _____

Date _____

VII. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION

ENVIRONMENTAL CONTROL

APPROVALS

DEPARTMENT	REQUIRED	APPROVED	DATE	NUMBER	BY
Zoning	/ () Yes () No	/	/	/	/
1.Site Plan	/ () Yes () No	/	/	/	/
2.Variance Granted ZBA	/ () Yes () No	/	/	/	/
Fire	/ () Yes () No	/	/	/	/
Pollution Control	/ () Yes () No	/	/	/	/
Flood Zone	/ () Yes () No	/	/	/	/
Soil Erosion/County Drain	/ () Yes () No	/	/	/	/
Twp. Water/Sewer	/ () Yes () No	/	/	/	/
Water/County Health Dept	/ () Yes () No	/	/	/	/
Septic/County Health Dept	/ () Yes () No	/	/	/	/
County Road Comm	/ () Yes () No	/	/	/	/
Assessing Dept	/ () Yes () No	/	/	/	/

Computer Property Tax # _____

ALL Taxes paid up to date ___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 and the conducting of required inspections.

Approved by _____
 Footing _____ Rough _____ Insulation _____ Radon/
 Final _____ Backfill _____

Site Plan for New Construction



ROAD NAME

List property measurements, roads and curb lines and draw all building (s), existing fences & heights, add and note location of new buildings, sheds, decks, etc. and setbacks.