

BUILDING PERMIT AND PLAN REVIEW APPLICATION

Rose Township – David Schang – Building Inspector

9080 Mason Street

Holly, Michigan 48442

Phone # 248-634-0030 Fax # 248 634-6888

I. JOB LOCATION

BUILDING PERMIT

| | | | |
|------------------------------|-------------------------------------|------------|----------|
| Project Name | Parcel Identification # (Sidwell #) | Lot Number | |
| Address of Construction Site | City | State | Zip Code |

II. IDENTIFICATION

| | | | |
|---|---------------------------------------|---------------------------------------|----------|
| Owner's Name | Phone # | | |
| Address | City | State | Zip Code |
| Architect or Engineer's Name | Phone Number | | |
| Address | City | State | Zip Code |
| Architect or Engineer License Number | Expiration date | | |
| Applicant's Name | Phone # Fax # | | |
| Address | City | State | Zip Code |
| Contractors License # | Expiration date | Federal EIN (or reason for exemption) | |
| Worker's Comp Carrier (or reason for exemption) | MESC Number (or reason for exemption) | | |

BUILDING PERMIT AND PLAN REVIEW APPLICATION CONTINUED

III. TYPE OF JOB

| | | | | | |
|---|--|-------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Addition | <input type="checkbox"/> Alteration | <input type="checkbox"/> Repair | <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Residential (# of units _____) | <input type="checkbox"/> Residential Accessory | <input type="checkbox"/> Commercial | <input type="checkbox"/> Industrial | <input type="checkbox"/> Office | |
| <input type="checkbox"/> Other _____ | Cost of Construction _____ | | | | |
| Size of New Structures or Additions: _____ | | | | | |
| Non residential use group _____ | | Occupancy Load _____ | | Construction type _____ | |
| BRIEFLY DESCRIBE PROJECT: | | | | | |
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IV. ADDITIONAL INFORMATION TO BE SUBMITTED

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| Copy of Contractor's License and driver's license if applicable. Two sets of plans for all projects. Plans are to be accurate and specific for the proposed project. Copy of Well and Septic permits from Oakland County Health department for new or alterations of system. Copy of Driveway permit from Road Commission of Oakland County for new drive cuts on public roads. Plot plan showing location of new and existing structures. |
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V. APPLICANT SIGNATURE (Homeowners signature indicates compliance with Section VI. Homeowners Affidavit)

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| 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 subjected to civil fines. |
| Signature _____ Date _____ |

VI. HOMEOWNER'S AFFIDAVIT

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| I hereby certify the building work described on this permit application shall <u>be installed by myself in my own home</u> which I am living in or about to occupy. All work shall be installed in accordance with the Building code and shall not be enclosed, covered up or put in operation until it has been inspected and approved by the Building Inspector. I will cooperate with the Building Inspector and assume the responsibility to arrange for necessary inspections. |
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